



2021-2022 REGISTRATION FORM
Please attach a current picture of applicant

A Coalition of Two Area Congregations
Temple Emanu-El & Tifereth Israel Synagogue
Located at Temple Emanu-El
6299 Capri Drive • San Diego, CA 92120

Student's Name I like to be called

School as of September 2021 Grade as of September 2021

Synagogue Affiliation (if applicable) Student Phone #

Student's e-mail address - Do NOT use a school email address as they usually see our emails as SPAM

Birth Date / /

Student's Street Address City State Zip Code

Parent / Guardian #1

First and last name Preferred Contact # Other Contact #

Home address if different from student

E-mail address

Parent / Guardian #2

First and last name Preferred Contact # Other Contact #

Home address if different from student

E-mail address

Emergency Contact other than Parent

First and last name Preferred Contact # Other Contact #

Medical and Education History

If you answer "yes" to any of these questions, please explain on an additional piece of paper.

Does your child have any allergies? Yes No

Are there any educational issues that we should know about? Yes No

Are there medical concerns? Yes No

Are there behavioral concerns? Yes No

Please list any regularly used prescription drugs

Is there anything else we should be aware of to ensure the best possible experience for your child?

Student's Name _____

COMMUNITY JEWISH HIGH 2021-2022 PAYMENT OPTION FORM

Annual tuition is \$800.00. *The following discounts may be combined:*

- Early bird discount (\$25) – for completed registrations received by July 30, 2021
- Early payment discount (\$25) – for tuition paid in full by October 29, 2021
- Sibling discount (\$25) – for any sibling beyond the first student, within the same household



Once the school year begins, there will be no refunds or prorating of fees. All fees are non-refundable. Please initial here to indicate you understand this policy. _____

PAYMENT PLANS

Please note, all student accounts must be on a payment plan with a credit or debit card, ACH direct debit, or post-dated checks. All payment plans must be completed by April 29, 2022.

Select one of the following payment methods for 2021-2022 CJH Tuition

- Credit / Debit Card** (MasterCard, Visa or Discover): Please fill out this section completely to authorize payment. There is no additional charge for this service. Payments may begin as soon as you register.

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

BILLING ADDRESS _____

- Payment in full
- Equal Payments* Please charge my card, in _____ equal monthly payments, on the _____ day of each month, beginning in the month of _____, 2021.
**If no date is indicated, cards will be charged on the 25th of each month, August – April.*

SIGNATURE OF CARD HOLDER _____ DATE _____

- ACH (Direct Debit)**: Please fill out this section completely to authorize payment. There is no additional charge for this service. Payments may begin as soon as you register.

NAME ON ACCOUNT _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

TYPE OF ACCOUNT: Checking Savings

- Payment in full
- Equal Payments* Please charge my account, in _____ equal monthly payments, on the _____ day of each month, beginning in the month of _____, 2021.
**If no date is indicated, accounts will be charged on the 25th of each month, August – April.*

SIGNATURE _____ DATE _____

- Check**

Payment in full (enclosed)

Post-dated checks (enclosed)

Student's Name _____

PHOTOGRAPH/VIDEO RELEASE

It is the practice of CJH to use photographs and videos of students involved in school activities in its publications and in other selected media for the purpose of promoting CJH. Children's names are never used when appearing in publicity.

By signing, I am allowing CJH to produce and use any such photographic or video material of my child.

SIGNATURE _____ DATE _____

If you should have any questions please call Beth Klareich at (619) 697-6001 ext. 108 or email her at beth.cjhsd@gmail.com.

NONDISCRIMINATION POLICY FOR COMMUNITY JEWISH HIGH (CJH)

Community Jewish High admits students of any race, color, national origin, ethnic origin, sexual orientation and gender identity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, sexual orientation or gender identity in administration of its educational policies, admission policies, and other school-administered programs.

Be sure to complete and return your forms in one of the following ways:

US MAIL

Community Jewish High
c/o Tifereth Israel Synagogue
6660 Cowles Mountain Blvd.
San Diego, CA 92119

EMAIL

You may email the form as a PDF. **We cannot accept a photograph of the form.** Email the PDF to beth.cjhsd@gmail.com and indicate in the subject "CJH Registration."

FAX If you prefer to fax your forms, the fax number is 619 697-1102.

For office use only

Tuition

- Early bird discount (7/30/21) Early payment discount (10/29/21)
- Sibling Discount \$25 per student beyond the first enrolled in a household

- Paid in full \$ _____ paid by _____ on _____
- Payment plan set up on _____ Total on plan \$ _____
 - CC ACH Check(s)
- Scholarship / financial consideration requested from _____

- Processed by Beth
- Added to Email Lists