



J . E . W . E . L . S

Youth Education Program

Student Application 2011-12

Student Information

Name _____
Last Name First Name Middle Name Hebrew Name

Address _____
Number & Street City Zip

Student's Email _____ Student's Phone _____

The Student lives with Both Parents Other _____

Male Female Date of Birth _____ Entering Grade _____
Month – Day – Year

School _____
Name of School District

Hebrew/Day School *(most recently attended)* _____
Name Attended until Years completed as of June 2011

To the best of your ability, please rate the student's knowledge of the Hebrew language:

Reading: no prior knowledge some prior knowledge strong knowledge base

Comprehension: no prior knowledge some prior knowledge strong knowledge base

**Please mail your completed JEWELS & VOS Applications, Medical Release Form and Payment to:
 VOS-JEWELS 21818 Craggyview Street, Suite 104, Chatsworth, CA 91311-2952**



Parent Information

FIRST PARENT _____
Last Name First Name

Address _____
If different from Student's Address

Telephone _____
Home Office Cell

Email _____ Fax _____

Occupation _____

SECOND PARENT _____
Last Name First Name

Address _____
If different from First Parent's Address

Telephone _____
Home Office Cell

Email _____ Fax _____

Occupation _____

(We ask for email addresses to communicate with you and your child in the most effective and economical way. Your address will not be used for other purposes)

How did you hear about **VOS-JEWELS**: VOS Mailing VOS *Outreach* Publication Friend
 Cantor Li-Paz's Office Other _____

I AM CURRENTLY A MEMBER OF VOS

I AM ATTACHING AN APPLICATION AND PAYMENT FOR VOS MEMBERSHIP
(Required for participation in JEWELS)

I hereby give permission to VOS-JEWELS to use my child's photo in its publicity materials.

Signature of Parent/Guardian

Date

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Medical & Emergency Information - Release Form

STUDENT _____ M F

Last Name First Name Middle Initial Birth Date Height Weight

Address _____

Number & Street City Zip

FIRST PARENT _____

Last Name First Name

Telephone _____

Home Office Cell

SECOND PARENT _____

Last Name First Name

Telephone _____

Home Office Cell

PHYSICIAN _____

Name Phone

MEDICAL INSURANCE _____

Company Name Policy #/Medical Record # (Kaiser only)

In case of emergency, my child may be released to:
(At least one name is required)

EMERGENCY CONTACT 1 _____

Name Relation Phone

EMERGENCY CONTACT 2 _____

Name Relation Phone

Please list existing medical conditions of special concern including but not limited to allergies to medication and/or food.

Please inform us of any psychological, behavioral or physical learning challenge or disability _____

I hereby give permission for my child to participate in all VOS-JEWELS programs, activities and events and do release VOS and its representatives from all liability arising out of my child's participation in such activity. In addition, I the undersigned parent/guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize VOS-JEWELS and its authorized representatives as agents for the undersigned, to consent that VOS-JEWELS seek medical care for my child in a case of a medical emergency.

I have read and fully agree to the medical/liability release form above:

Signature of Parent/ Guardian

Date

Signature of Parent/ Guardian

Date

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Tuition Fees for School Year 2011 –2012

SCHEDULE OF TUITION FEES

GRADES K – 1ST \$500 (1 HOUR CLASSES)
GRADES 2 – 3 \$1050 (1 ½ HOUR CLASSES)
GRADES 4 – 6 \$1450 (2 HOUR CLASSES)

Tuition due upon enrollment

(a \$50 non-refundable application fee per child is included in the tuition fee)

Sibling Discount - 10% reduction for each additional child enrolling at equal or lower tuition fee.

I Wish to Apply for Financial Aid – *Applications available online at www.VOSLA.org*

***\$50 non-refundable registration fee must be included with this application*.**

(Please note: Applications only considered for those in Grades 4-6)

PLEASE SUBMIT YOUR REQUEST NO LATER THAN JULY 15, 2011. *Requests received after 7/15/11 may be too late for assistance as available funds may have already been promised to others.*

TUITION TWO PAYMENT OPTION

One half + \$50 enrollment fee due upon enrollment - Balance of one half due January 2, 2012

Valley Outreach Synagogue Membership

\$975 (Family Membership) \$ 488 (Single Parent with Children)

(REQUIRED for participation in JEWELS)

Please complete separate form for VOS membership. Available online at www.VOSLA.org

Payment by credit card or check

(Checks payable to **Valley Outreach Synagogue** – memo line marked for **JEWELS/Synagogue Membership**)

Tuition for First Child

(\$1,450 Grades 4-6, \$1050 Grades 2-3, \$500, Grades K-1)

\$ _____

Tuition for ____ additional children

(\$1,310, \$950 or \$455 each, includes \$50 registration fee)

\$ _____

I am delighted to do the mitzvah of providing a donation towards a student scholarship

\$ _____

TOTAL OF ABOVE

\$ _____

I enclose a check; or

Please charge my **VISA** **MC**

\$ _____*

(Total)

Name on card _____

Card # _____ **Exp** _____

3 Digits on back _____

** Please indicate below whether the amount paid at this time reflects either full payment or payment based on the above-described two payment option.*

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Parents/guardians understand that at the sole and absolute discretion of VOS-JEWELS, if it is determined that the scholastic and/or behavioral needs of any student cannot be met by the school, VOS-JEWELS has the right and discretion to require that such a student be withdrawn from the program at any time during the school year. Parents/guardians understand that VOS-JEWELS also reserves the right at its sole and absolute discretion to suspend, dismiss or expel any student as a result of any acts of willfully disruptive behavior. In the event that a student leaves before January 1, 2012, VOS reserves the right to withhold a pro-rated portion of the tuition. Students leaving after January 1, 2012, or students who are dismissed from the program due to non-compliance with VOS-JEWELS rules, will not receive a refund.

TERMS OF AGREEMENT SCHOOL FEES

I have completed the Application for Admission form and have enclosed my enrollment payment.

For my tuition payment I have chosen: Payment in full / Two payment plan

I have filled out and returned my VOS application form
(Available on line at www.VOSLA.org)

Signature of Parent/Guardian

Date

***Please mail your completed Applications, Medical Release Form and Payment to:
VOS-JEWELS 21818 Craggyview Street, Suite 104, Chatsworth, CA 91331-2952***