

JEWISH DAY SCHOOL

A COMMUNITY SCHOOL
OF THE LEHIGH VALLEY



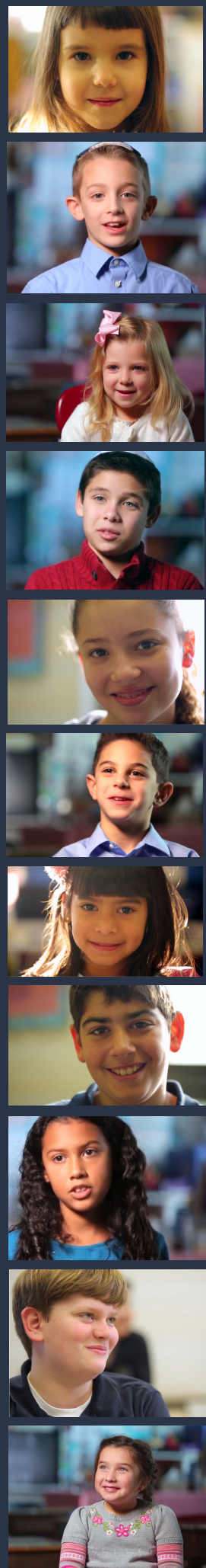
**Respect.
Responsibility.
Effort.
Kindness.**



Beneficiary Agency of the
Jewish Federation
OF THE LEHIGH VALLEY



2313 PENNSYLVANIA ST. ALLENTOWN, PA 18104 | 610-437-0721 | WWW.JDSLV.ORG



ENROLLMENT AND TUITION AGREEMENT



Welcome to the Jewish Day School, a community school of the Lehigh Valley, where learning is a journey embarked upon in partnership with family, school and community. We are dedicated to developing a life-long love of learning and an appreciation of Jewish values in our children. Thank you for selecting the Jewish Day School of the Lehigh Valley as your child's educational institution.

Our Board of Directors, who strives to control expenses without compromising our goals of academic excellence and extracurricular enrichment, has voted to increase next year's tuition. Even with this increase, please be aware that the actual cost of educating a child at the JDS greatly exceeds our tuition charges. We are grateful for the generous support of the Jewish Federation of the Lehigh Valley, school benefactors, grants and donations that help us manage our tuition levels.

This booklet is the enrollment agreement and tuition contract for the coming school year. Please read it carefully as there are some changes from previous years.

BE SURE TO SIGN AND/OR INTIAL ALL PLACES AS INDICATED THROUGHOUT THIS AGREEMENT AND CONTRACT.

If you have any questions, please contact **Sara Schonbach**, Director of Admissions, for further assistance at sschonbach@jdsly.org or call the school office at 610-437-0721.

ENROLLMENT AGREEMENT AND TUITION CONTRACT

NAME OF STUDENT _____

BIRTH DATE _____ **ENTERING GRADE** _____

I/We, the parent(s) or legal guardian(s) of the above named student, by signing this Enrollment and Tuition Agreement, request that the Jewish Day School of the Lehigh Valley accept the student for enrollment for the 2015-2016 academic school year. In reserving a place for the student in the school and admitting the student to the school, I/we agree to the following terms and conditions.

PARENT(S) OR GURADIAN RESPONSIBLE FOR ENROLLMENT COMMITMENT:

Mother's Name

Father's Name

Address

Address (if different than Mother's)

City

City

State Zip

State Zip

Telephone

Telephone

E-mail

E-mail

Parent/Guardian Signature (required)

Date

1. ADMISSION:

The school retains the right, in its sole discretion, to determine whether or not to select a student for admission, to re-enroll a student, or to require a student to withdraw from the school during the academic year. Upon acceptance, a student may be involuntarily withdrawn from the school due to violation of the school's regulations, violation of the law, personal maladjustment, prolonged academic deficiency, lack of parental cooperation or non-payment of any amount due to the school, or at the sole discretion of the school. Admission for returning students for the new school year is also dependent on the tuition balance being current. Any re-enrollment deposit paid prior to receipt of payment of an overdue account will be ap-

plied to the delinquent account. If, following the Pre-K assessment, the school decides not to admit a student, the school will refund any and all deposits.

2. REGULATIONS:

Upon acceptance of the student to the school, I/we and the student will be bound by all policies, rules, and regulations as may be published and amended by the school from time to time and to the terms of this enrollment agreement.

3. TUITION DEPOSIT; APPLICATION FEE:

I/We will pay a **\$500.00 non-refundable deposit per student (capped at \$1,000 per family)**, due upon submission of this enrollment agreement.

Deposits for multiple children can be spread over a three month period. If the student has not previously attended the school, we will also pay a **\$250.00 non-refundable application fee**. The deposit will be credited against the annual tuition, if the student is admitted and enrolled. The application fee, however, is not credited against the annual tuition.



ACTION REQUIRED

Please initial here to indicate that you accept/understand the deposit and application policy:

_____ PARENT/GUARDIAN
_____ PARENT/GUARDIAN

2015-2016 TUITION AND FEE SCHEDULE

Grade in 2015-2016	Tuition By 3/31/15	School Lunch Fee	Activity Fee	Technology Fee	TOTAL commitment by 3/31/15	Regular Enrollment from 4/1/15
Pre-K	\$8,950.00	\$550.00	\$200.00	\$100.00	\$ 9,800.00	\$10,350.00
Kindergarten	\$10,600.00	\$550.00	\$200.00	\$100.00	\$11,450.00	\$12,100.00
1st GR	\$11,650.00	\$550.00	\$200.00	\$100.00	\$12,500.00	\$13,200.00
2nd - 4th GR	\$12,600.00	\$550.00	\$300.00	\$150.00	\$13,600.00	\$14,400.00
5th - 8th GR	\$12,600.00	\$550.00	\$350.00	\$200.00	\$13,700.00	\$14,500.00

To enroll your child and reserve a space in next year's class, please submit a \$500 non-refundable deposit with your Enrollment Form that will be applied toward tuition. When enrolling multiple siblings, please submit \$500 per child for up to 2 children, with a \$1,000 deposit ceiling if you are enrolling more than 2 children.

4. TUITION:

I/We will pay the school the following amounts for tuition based upon the grade the student will enter for the 2015-2016 academic year and receipt by the date set forth below of: (a) a complete and properly executed enrollment agreement by us and (b) the tuition deposit (and the application fee, if applicable):

5. PAYMENT METHODS:

Payment can be made by bank transfer or via credit card (MasterCard or Visa only). An additional 2.75% convenience charge will be added for the privilege of using a credit card.

6. DEFAULT:

Upon any breach of our obligations under this Enrollment Agreement, I/we agree that the school may accelerate the balance due under the terms of this Enrollment Agreement, enforce its rights, suspend the student's enrollment, and withhold transcripts and/or grade

reports from the student, from me/us or any other third party.

7. DEFAULT FEES:

In the event we are late or default in our payment obligations, I/we agree to pay the school the following fees:

A. A Late Payment Fee of \$25.00 if I/we fail to make any payment under the terms of this Enrollment Agreement on or before the day the money is due;

B. A Return Fee of \$25.00 if any check or other payment method is dishonored or returned to the school for insufficient funds or any other reason; and

C. All costs and fees incurred by the school as a result of my/our failure to pay any amount due under the terms of this Enrollment Agreement when due, including, but

not limited to, collection costs, attorneys' fees, and court costs.

8. REFUNDS:

I/We agree that I/we must notify the school in writing if, at any time, I/we decide not to enroll the student or desire to withdraw the student from the school. If, at any time after the date of this Enrollment Agreement, for any reason, I/we decide not to enroll the student (including if we fail to receive tuition assistance requested as defined below), the student's enrollment is terminated, or the student is either voluntarily or involuntarily withdrawn from the school, I/we agree to the following:

A. I/We will not be entitled to a refund of the tuition deposit or the application fee (if applicable).

MORE ON NEXT PAGE >

B. If I/we provide written notice to the school requesting a refund and it is received by June 15th, I/we will not be obligated to pay tuition.

C. If I/we provide written notice to the school requesting a refund and it is received after June 1st, but before June 30, 2015, I/we will be obligated to pay Fifty Percent (50%) of the tuition.

D. If I/we provide written notice to the school requesting a refund and it is received on or after June 30th, but before July 15th I/we will be obligated to pay Eighty Percent (80%) of the tuition.

E. If I/we provide written notice to the school requesting a refund and it is received on or after July 15th, I/we will be obligated to pay the entire tuition in accordance with #4 above.

15TH, MY/OUR OBLIGATION TO PAY ALL FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL AND THAT NO PORTION OF SUCH FEES SO PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED.

I/We shall pay all tuition and fees when due, in accordance with the provisions of this Enrollment Agreement and will continue to be bound by the terms of this Enrollment Agreement until all such amounts have been received by the school.



ACTION REQUIRED

Please initial here to indicate that you accept/understand the tuition, default and refund policy:

_____ PARENT/GUARDIAN

_____ PARENT/GUARDIAN

but we are committed as a Jewish Community Day School to providing a Jewish education to the children of our community regardless of financial means and ability to pay. The School's ability to grant a payment deferral or to provide such assistance is limited, and all such decisions are made solely at the discretion of a subcommittee of the School's Board of Directors. Eligibility is initially determined by an outside agency on the basis of financial information it receives on behalf of the Student. **If you need additional help, please check on the line below and Paul Charlton, Business Manager, will send you procedures to apply for Tuition Assistance.** Please see or call Paul Charlton in the business office if you have further questions. The process is highly confidential and your financial documents are reviewed only by a small handful of volunteers, none of whom is currently a parent in the school.

_____ **PLEASE CHECK IF TUITION ASSISTANCE IS REQUESTED**

9. TUITION ASSISTANCE:

I/WE UNDERSTAND THAT ON OR AFTER JULY

Tuition is a significant cost for all of our families,



ACTION REQUIRED

PAYMENT PLAN OPTIONS

I/We agree to pay the appropriate amount required above in accordance with one of the following three payment plans that we select (please check one of the three options):

☐

OPTION 1:

Single-Payment Plan

Payment in full by July 15th to the Jewish Day School of the Lehigh Valley.

☐

OPTION 2:

Two-Payment Plan

Payment in two (2) equal installments on or before July 15th and December 15th. All payments through FACTS

Tuition Management

☐

OPTION 3:

Installment Plan

Payment in ten (10) consecutive monthly installment with first payment due on July 5th or 20th of 2014. All payments through FACTS Tuition Management.

OPTION 1:

Enrollment Agreements, tuition deposits, application fees (if applicable) must be submitted to:

**Jewish Day School
of the Lehigh Valley**

2313 W. Pennsylvania Street

Allentown, PA 18104

ATTN: Paul Charlton, Business Manager

OPTIONS 2 AND 3:

Regular tuition payments must be made through a bank transfer/ credit card to:

FACTS Tuition Management

A Late Payment Fee of \$25.00 will be assessed for failure to make any payment on or before the due date, under the terms of this Enrollment Agreement.

10. LIABILITY:

If more than one parent or legal guardian signs this Enrollment Agreement, each is jointly and severally obligated to pay the full amount owed and to fulfill all obligations herein. The school may enforce its rights under this Enrollment Agreement against each of individually or jointly, which means that each may be required to pay all of such amounts owed. The school may release or waive enforcement of this Enrollment Agreement against one of us and such a waiver or release will not extend or extinguish the liability of the other person signing below.

11. ASSIGNABILITY:

I/We may not assign my/our obligation(s) under the terms of this Enrollment Agreement to any other party without the written consent of the school. Any such assignment shall be null and void. The school may assign its right to collect payments or enforce its other obligations to any third party without our consent.

12. RELEASE:

To the fullest extent permitted by law, I/we, on behalf of myself/ourselves and on behalf of the student, hereby release and hold the school, its agents, and employees harmless from all claims, damages or other liabilities for injuries to the student, his/her parents, or legal guardians, which are not the result of gross negligence by the school, its agents, or employees. The student, his/her parent(s), or legal guard-

ian also hereby agree to indemnify and hold the school harmless for any damages incurred by the school or any third party as a result of actions taken by the student or his/her parents or legal guardian.

13. ENTIRE AGREEMENT:

This Enrollment agreement contains the entire agreement between the applicant and the school with respect to the subject matter and supersedes any prior discussions, understandings or agreements. This contract may not be modified or amended except by subsequent agreement in writing.

14. AUTHORITY:

I/We recognize that this Enrollment Agreement, any amendment, waiver or modification hereto, or any policy exception must be executed by both the President and the Treasurer of the school in order to be enforceable against the school. The Head of School, office staff and/or educational staff are not authorized to accept or admit a student on behalf of the School or to execute this Enrollment Agreement or any amendment, waiver or modification hereto or to approve any policy exception on behalf of the school.

15. DISMISSAL:

I/We recognize that the school reserves the right to dismiss or suspend the student at any time if, in the sole judgment of the Head of

School, such action is in the best interest of the school. And that such action will not release any party from the financial obligations of this contract.

16. RULES AND REGULATIONS: I/We agree that the student's enrollment is subject to such rules and regulations of the Jewish Day School of the Lehigh Valley as are in effect from time to time. Field trips and access to the internet in classes are integral parts of the curriculum of the school. I/We understand that by signing this we grant permission for our child to participate in all activities that are a part of the curriculum.

17. MEDICAL RELEASE AND FORMS:

Permission is granted to authorize staff of the Jewish Day School to procure proper treatment for injury or illness, to give medication, have x-rays taken, etc. when deemed to be necessary. If the school is unable to communicate with me/us and if, in a physician's judgment, delay would jeopardize health or life, the Jewish Day School of the Lehigh Valley has my/our permission to authorize the use of anesthesia and/or operate on my child or ward. I/We agree to complete and return all medical and health forms required by the school before the student will be permitted to attend classes or participate in any school-related activities.



ACTION REQUIRED

Please initial here to indicate that you have read the entire agreement and accept/understand all of the items herein.

____ PARENT/GUARDIAN
____ PARENT/GUARDIAN



ACTION REQUIRED

I/We have signed the Enrollment Agreement accepting responsibility for it, including all terms, intending to be legally bound by it. It is the policy of the Jewish Day School of the Lehigh Valley that both parents must sign the contract.

Signature of Applicant

Date

Signature of Applicant

Date

School Board President

Date

School Board Treasurer

Date

ENTERING GRADE

IN

MONTH/YEAR

NAME OF STUDENT



MISSION STATEMENT

The Jewish Day School of the Lehigh Valley is a community school for primary kindergarten to grade eight that is dedicated to a holistic approach to education. We are devoted to the development of bright, confident students with a strong American and Jewish identity who are well prepared to meet the world. The school combines a well-rounded general studies curriculum, a richly fortified Jewish education and a deep commitment to the land and people of Israel.

FOR OFFICE USE ONLY

- _____ Properly completed Enrollment Agreement received on _____, 2015.
- _____ \$500.00 tuition deposit received on _____, 2015.
- _____ \$250.00 application fee received on _____, 2015.
- _____ Financial aid application delivered on _____, 2015.