



# Application For Admission 2009-10

Please complete this form and return with the non refundable registration fee of \$500.

## Part 1: Student General Information

Student's Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Male  Female

Home Address: \_\_\_\_\_  
Number and Street Apartment #

\_\_\_\_\_ \_\_\_\_\_  
City State Postal Code

### Schools Previously Attended:

Name of School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Contact Person: \_\_\_\_\_

Name of School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Contact Person: \_\_\_\_\_

## Part 2: Family Information

Parents are:  Married  Separated  Divorced

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Home Address (if different from student's):  
\_\_\_\_\_  
\_\_\_\_\_

Home Address (if different from student's):  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_



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### Part 3: Other Student Information

How would you describe your child's personality?

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What expectations do you have of our program for your child?

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Please list any psychological or medical conditions, dietary requirements, or allergies pertaining to your child:

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Please list any delays that your child may be experiencing in areas of social, emotional, physical or language development:

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How did you hear about Luria Academy?

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### Part 4: Other Contact Information

#### **Emergency Contact Person: (other than parent/guardian)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Emergency Contact Person: (other than parent/guardian)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Authorized Persons To Pick Up Your Child: (other than parents/guardians)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_



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## Part 5: Medical Information (complete this form for each family member attending)

Child's Legal Name: \_\_\_\_\_ Child's Physician: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***Please include copy of insurance card.***

Medical conditions: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Allergies (including allergies to medications):

Allergen	Signs of exposure	Treatment

Allergen	Signs of exposure	Treatment

I hereby give permission, in the event of an emergency, for the Director, the Acting Director, or the Teacher at Luria Academy of Brooklyn to take whatever steps may be necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Luria Academy of Brooklyn to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The Parent/Guardian will be called.
2. If the Parent/Guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.
3. Child's physician will be called.
4. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation):
  - a) Another physician will be called.
  - b) The child will be taken to the nearest emergency room accompanied by a staff member.
  - c) An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Luria staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

Parent/Guardian confirms that it will hold Luria Academy of Brooklyn and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Luria Academy of Brooklyn for medical expenses that have arisen while child is in our care.



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Parent/Guardian's Signature

Printed Name of Parent/Guardian

Date

**Part 6: Tuition Contract 2009 – 2010** (complete this form for each family member attending)

Name of Student \_\_\_\_\_

- Primary 3-5       Elementary

**Payment Schedule**

<input type="checkbox"/> Option 1	The entire year's tuition is paid in full by April 1, 2009. The student's family will receive a 1.5% discount on total tuition cost (including all fees, i.e., registration, annual campaign, etc...). Initial Here _____
<input type="checkbox"/> Option 2	The full year's tuition is paid in three equal installments. Payments are due by April 1, 2009, July 1, 2009 and January 1, 2010. On April 1, 2009, post dated checks for the July and January payments are due to the school registrar. Initial Here _____
<input type="checkbox"/> Option 3	The full year's tuition is paid in ten equal installments starting from April 1, 2009 through January 1, 2009. On April 1, 2009, post dated checks for all installments (April 1, 2009 – January 1, 2010) are due to the school registrar. Initial Here _____

**NOTE:** Enrollment is for the academic year that begins in September 2009 and ends in June 2010. Tuition payments must begin on April 1, 2009. If a student is accepted and enrolls after April 1, upon enrollment parents must remit all tuition payments missed between April 1, 2009 and the enrollment date.

If a child is withdrawn between April 1<sup>st</sup> and the first day of school, all tuition and fees paid up to that point are non-refundable. If a child is withdrawn after the school year begins, the parent/guardian is responsible for the full year's tuition. Parent or Guardian is asked to initial here to indicate agreement

\_\_\_\_\_.

- |                                                                                                                                                                |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1. Registration Fee**                                                                                                                                          | \$500 |
| 2. Tuition for above named student to attend Luria Academy                                                                                                     | _____ |
| <ul style="list-style-type: none"> <li>• Full-Time \$11,600</li> <li>• Part-Time (M-F, 9:00-1:00) \$8,575</li> </ul>                                           |       |
| <i>Please Note: Full-Time applicants receive registration priority</i>                                                                                         |       |
| 3. Annual Campaign fee to support the Educational Endowment, Long Range Planning and Facilities Construction. All Students must pay this fee (per family). *** | \$700 |
| 4. Snack Fee***                                                                                                                                                | \$200 |
| 5. Apply Discount Based on Schedule (for option 1)                                                                                                             | _____ |



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**Total** \_\_\_\_\_

**Please make out separate checks for first month tuition, registration, snack and annual campaign fee.**

\*A late fee of \$25 per month is assessed for overdue monthly payments. The late fee is applied automatically to student's accounts on the first day of each month to any outstanding balance from prior months.

\*\*Registration Fee is non refundable and is due with the submitted application.

\*\*\*Annual Campaign and Snack fee payment due on April 1, 2009.

### **Part 7: Payment Information:**

**Please choose one of the following payment options:**

\_\_\_ **Credit Card**      \_\_\_ **Post-dated Checks**

I understand that if changes are to be made in my child's schedule, I must contact the Director. If I withdraw my child from the program, I realize that I must give the Director one month prior notice. **Initial Here:** \_\_\_\_\_

### **Terms of Account**

The privileges of Luria Academy will be denied to any student whose parents/guardians fail in their financial obligations to the school. The school reserves the right to withhold transcripts and/or grades, to deny attendance and to dismiss students whose accounts include excessive overdue balances (an excessive overdue balance includes being behind in payment for two or more months). **Initial Here:** \_\_\_\_\_

**COMPLETE THE SECTION BELOW IF YOU ARE OPTING FOR THE AUTOMATIC CREDIT CARD OPTION.**

Luria Academy of Brooklyn is pleased to offer you the option to have your tuition automatically charged to your credit card. As always, your credit card information will be kept completely confidential.

**Credit Card Type:**    \_\_\_ Visa            \_\_\_ Master Card            \_\_\_ Amex

**Cardholder (name as it appears on the card):**

\_\_\_\_\_

**Credit Card Number:**

\_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_



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Pin Number (3 numbers on the back of the card): \_\_\_\_\_

Credit Card Billing Address:

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Number and Street		Apartment #
City	State	Postal Code

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Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

### Part 8: Parental Agreement Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

My child will be picked up at \_\_\_\_\_ p.m. on each of the days enrolled.

- 1) I am aware that I have to provide my child with a nutritious lunch.
- 2) I have returned a health form, immunization record and a copy of my child's health insurance information.
- 3) I agree that it is the responsibility of both the parents and staff to keep an open line of communication during the year.
- 4) I give permission to have my child's photograph and school video used for publicity purposes.
- 5) For field trips, I agree to have my child transported by Luria Academy and its volunteers.
- 6) If not, I understand that I may choose to drive my child or I may choose to keep my child home. I understand that I will be notified before class field trips.
  - a. I understand the significance of parent involvement, and will do my utmost to attend school functions, fundraisers, field trips and family events scheduled throughout the school year.
- 7) I agree to have my name, address & telephone number published in the staff-student directory.
- 8) I have read and reviewed the health policies and understand when it is appropriate to keep my child home.
- 9) I understand that if I withdraw from the program I must give two weeks notice or be responsible for the following month's tuition.



## Application For Admission 2009-10

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Luria Academy receives more applications for admission than we can accommodate. The school attempts to admit students in the order that their applications are received. In order to be processed, all application forms must be complete and accompanied by the \$500 registration fee.

For Official Use Only	
Order Received	
Deposit	