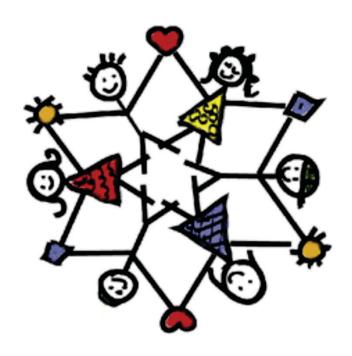
Registration will not be accepted unless accompanied by a non-refundable registration (\$500) and security (\$500) fee of \$1,000 per student.

For Office Use Only		
NAME:		
GRADE ENTERING:		
□FULL DAY	□HALF DAY	
DATE OF BIRTH:		

## AVENTURA TURNBERRY JEWISH CENTER

# TAUBER ACADEMY



2022-2023 ENROLLMENT APPLICATION













20400 NE 30<sup>th</sup> Avenue | Aventura, FL 33180 | (305) 937-1880 | www.atjc.org

#### **History**

The Tauber Academy was founded more than two decades ago as a Conservative Jewish Pre- School in the Aventura community with an early childhood through Kindergarten school. Our holistic approach encompasses the academic and non-academic needs of our students.

### **Our Philosophy**

Tauber Academy is dedicated to academic excellence in both secular and Judaic studies programs. The academic, social, emotional, and behavioral growth of each child is of paramount significance to our mission and vision.

The Tauber Academy's state-of-the-art facility includes an "adventure playground". We have developed a curriculum that makes our program the perfect beginning for your child's academic journey.

#### Curriculum

The program offers experiential classrooms which center around the developmental world of the child including:

- Core Knowledge Curriculum
- One on One time (small group time)
- Large Group time
- Music & Movement (Zumbini & Israeli Dancing)
- Reading Comprehension
- Hebrew language classes
- Chalav U-Dvash

- Applied Arts & Crafts
- Yoga
- Chess
- Science
- Cooking
- Gardening
- Physical Education/ Gymnastics

### **Preparing for Elementary School**

- Whole-group activities that develop social skills, such as sharing, listening and cooperation
- Small group time to enable your child to reach their personal best
- Learning with vocabulary, letters and words
- Development of independent learning skills with our hands-on experiences
- Thematic units that encourage curiosity, self-direction and confidence
- Observation-based assessments that demonstrate your child's progress
- Regular communication with teachers so that you are informed about your child's day
- Daily language experiences that support literacy and language development
- Portfolios that collect your child's work and capture their academic growth
- Afterschool Enrichment Programs
- Science Lab





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STUDENT (	(1) IN	<b>FORM</b>	ATION

STUDENT (1) INFOF	RMATION	Returning Student?	Yes 🔲 No 🖵	
STUDENT'S FULL NAME:			Grade Entering:	
HEBREW NAME:			-	
DATE OF BIRTH	Gender:		(For Office Use Only)	
Does the student have any a lf Yes, please explain:	allergies? <i>Please select</i> ✓ [	·		
1634	special physical, medical or	<u>—</u>	YES NO	
Has the student had any psy If Yes, please explain:	rchological or educational e	evaluation(s)? Please select ✓ YES	□ NO	
STUDENT (2) INFOR	RMATION	Returning Student?	Yes No No	
STUDENT'S FULL NAME:			Grade Entering:	
HEBREW NAME:			1	
DATE OF BIRTH	Ge	ender:	(For Office Use Only)	
Does the student have any a lf Yes, please explain:	allergies? <i>Please select</i> ✓ [			
Does the student have any s If Yes, please explain:	special physical, medical or	emotional needs? Please select ✓	YES NO	
Has the student had any psy If Yes, please explain:	rchological or educational e	``,	□ NO	
STUDENT (3) INFOF	RMATION	Returning Student?	Yes No No	
STUDENT'S FULL NAME:			Grade Entering:	
HEBREW NAME:				
DATE OF BIRTH	Ge	ender:	(For Office Use Only)	
Does the student have any a lf Yes, please explain:	allergies? Please select ✓ [			
Does the student have any s If Yes, please explain:	special physical, medical or	emotional needs? <i>Please select</i> ✓ □	YES NO	
Has the student had any psy If Yes, please explain:	rchological or educational e	evaluation(s)? Please select ✓ YES	□ NO	





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### PARENT/GUARDIAN INFORMATION (If returning, please update information below)

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	
TITLE & FIRST NAME	TITLE & FIRST NAME	
LAST NAME	LAST NAME	
HEBREW NAME	HEBREW NAME	
RELATIONSHIP TO CHILD/REN	RELATIONSHIP TO CHILD/REN	
HOME ADDRESS	HOME ADDRESS	
CITY/STATE/ZIP	CITY/STATE/ZIP	
HOME PHONE	HOME PHONE	
CELL PHONE	CELL PHONE	
EMAIL	EMAIL	
BIRTHDATE	BIRTHDATE	
STUDENT/S LIVES WITH: DOTH PARENTS/G	GUARDIANS  PARENT/GUARDIAN 1  PARENT/GUARDIAN 2	
	ALLED IF PARENTS CANNOT BE REACHED:	
NAME:	RELATION:	
TELEPHONE	DELATION.	
NAME: TELEPHONE	RELATION:	
GRANDPARENTS		
NAME:	TELEPHONE:	
CELL PHONE:		
NAME:	TELEPHONE:	
CELL PHONE:		
I/We authorize medical treatment for m Please select ✓ ☐ YES ☐ NO	y child/ren in the case of an emergency.	
PARENT SIGNATURES:		
For Nov. Doronto Online Assert C		

### For New Parents Online Account Set up:

- 1) Complete and return the application for enrollment packet.
- 2) Our registrar will create an online ShulCloud account.
- 3) Once the account is created, you will receive a link via email asking you to create a user and password.
- 4) Then, please update any family, medical or billing information under "My Account."
- 5) A fee of \$2,000 (\$500 registration, \$500 security, & 1,000 lunch program) is due with the application.

If you have any difficulty with logging into your account, please feel free to contact the School registrar, Leah Cohen at (305) 931-0010 or email leah@atjc.org.





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### **Health and Immunization Forms Required for Admission**

The following health documents are required by the Florida Department of Children and Families prior to admission into school.

Birth Certificate- a copy will be made, and your original will be returned. (Notarized translation required for foreign Birth Certificates)

#### **Immunization Documentation**

- Original Forms required for Immunization Documentation:
- Yearly student physical exam (Florida Health Department-Yellow form DH 3040)
- Immunization certificate (Florida Health Department- Blue form DH 680)
   \*These forms may be obtained from your pediatrician or from the County Health Department

#### \*COPIES AND FAXES OF HEALTH FORMS ARE NOT ACCEPTABLE\*

Please mail or drop off Health Forms at the school to the attention of the School office, prior to attending. Students who cannot provide proof of immunizations will not be admitted to class. Students who present health records on the first day of school are not guaranteed admittance to class on that day.

If you have any further questions, please contact the school nurse, Inge Paolini by phone at (305) 931-0010 or email nurse@atjc.org.

Thank you for your cooperation,
ATJC Tauber Academy Admissions







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## ATJC Tauber Academy 2022-2023 Tuition and Fees

PROGRAM	TUITION cash/check	TUITION debit/credit card	
BABY UNIVERSITY (3 months – 18 months)			
• FULL DAY 8:15 AM – 3:00 PM	\$13,500	\$13,905	
TODDLERS (18 months – 3 years old)			
<ul> <li>HALF DAY 8:15 AM – 12:30 PM</li> </ul>	\$12,500	\$12,875	
<ul> <li>FULL DAY 8:15 AM – 3:30 PM</li> </ul>	\$14,000	\$14,420	
NURSERY (3 years old by 8/31)			
<ul> <li>HALF DAY 8:15 AM – 12:30 PM</li> </ul>	\$13,500	\$13,905	
<ul> <li>FULL DAY 8:15 AM – 3:30 PM</li> </ul>	\$15,000	\$15,450	
PRE-KINDERGARTEN (4 years old by 8/31)			
• FULL DAY 8:15 AM – 3:30 PM	\$16,000	\$16,480	
KINDERGARTEN (5 years old by 8/31)			
• FULL DAY 8:15 AM – 3:30 PM	\$18,000	\$18,540	
ADDITIONAL FEES FOR ALL STUDENTS			
REGISTRATION FEE *	\$500	\$515	
SECURITY FEE *	\$500	\$515	
<ul> <li>LUNCH PROGRAM *</li> </ul>	\$1,000	\$1,030	
A nutritious Kosher meal will be provided on a daily basis.			

<sup>\*(</sup>Non-refundable, due at time of registration)

#### DISCOUNTS, INCENTIVES, AND MORE

- Payments made in full by April 7, 2022, will receive a 3% tuition discount.
- Sibling discount per child \$300 per child. Valid on full year registration only.
- In the case of class closures, or enrichment cancellations, make up days will be provided if time allows.
- It is expected that all families contribute to the Annual Campaign at their level of financial ability. Any donation amount accompanying tuition will be considered a tax-deductible, charitable contribution and is greatly appreciated.
- Membership at the Aventura Turnberry Jewish Center is included in your tuition and includes tickets for the High Holy Days, complimentary Religious School for older siblings and Gesher for Pre-Kindergarten.
- All late payments or return fees will be subject to a \$200 penalty fee.

#### **OPTIONAL ADD-ONS**

•	BEFORE-CARE (Monday – Friday 7:30 AM – 8:30 AM)	\$2,500	\$2,575
•	AFTER-CARE (Mon. – Thurs. 3:30 – 6 PM & Fri. 2 – 4 PM	\$4,500	\$4,635





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## **ATJC Tauber Academy 2022-2023 Payment Agreement**

I		(r	registering parent's name)
would lil	ke to enroll my child/rer	n in the following program	n/s:
	aby University oddler Half Day oddler Full Day	□ Nursery Full Day	□ Before Care
I au			ard: ecount for my fees, and tuition
□ F All <sub>I</sub>		Credit Card are subject to a 3	on to be made on a monthly basis) 3% processing fee. Any payments
	rd Type: Please selec VISA □ MASTERCARD	t ✓ □ AMERICAN EXPRESS	
Nai	me as it appears on card:		
Car	d Number:		
		ecurity Code:	
Billi Add	ng dress:	City/Sta	ate/Zip
	Pay in Full	nents by Cash or Chec	
⊔ F	ay Monthly (For your cont	enience we allow annual tultic	on to be made on a monthly basis)
eac of e	h month or before. Cash page	ayments can be made to the b	eposited on the 1 <sup>st</sup> business day of business office, the 1 <sup>st</sup> business day e or returned will be subject to a
enrollment. Tauber Aca tuition/s, fe that should	I further understand that I ademy. I hereby acknowledges and other related educated lect to remove my child to the control of	am registering my child/ren in ge and agree that I am fully re- ional expenses. By agreeing	ndable and are due at the time of an educational program at the ATJC sponsible for the cost and expense of all to these terms and conditions, I understand after August 1st, that I am still responsible for ced.
Print Name	:	Signature:	

## AVENTURA TURNBERRY JEWISH CENTER

# TAUBER ACADEMY



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MAIN PHONE: (305) 937-1880 SCHOOL PHONE: (305) 931-0010

EMAIL: INFO@ATJC.ORG WEBSITE: WWW.ATJC.ORG

### **STAY CONNECTED:**







