



5614 NORTH UNIVERSITY STREET PEORIA IL 61614-4157  
309 692 2821 | [PeoriaDaySchool@sbcglobal.net](mailto:PeoriaDaySchool@sbcglobal.net)

[PeoriaHebrewDaySchool.org](http://PeoriaHebrewDaySchool.org)

Partner Agency of  
**Jewish Federation**  
OF PEORIA



Dear Prospective Family,

Shalom from the Peoria Hebrew Day School!

We understand that choosing a school can be a challenging endeavor, as well as an opportunity for new experiences. We hope that the Peoria Hebrew Day School will be one of those positive experiences. We are very proud of the quality education, both secular and Judaic, that we provide our children. Our small class sizes and low student to teacher ratios allow for individual attention and foster an environment for our students to become comfortable interacting with students of all ages.

Please find enclosed an application and informational packet about PHDS. If you haven't already, please join us for a tour of our school or schedule a time for your child(ren) to enjoy a fun classroom experience to become better acquainted with our school, teachers, students, and all that we offer!

Our warm, nurturing community, our infusion of Jewish values into everyday life, and our high level of academic excellence have been at the heart of our success for over 50 years.

Please reach out with any questions and please let me know how we can help you become part of our Peoria Hebrew Day School family!

Sincerely,

Adrienne Abrams

Director

248.761.5898

[Adrienne@PeoriaHDS.net](mailto:Adrienne@PeoriaHDS.net)



# Peoria Hebrew Day School

5614 North University St  
Peoria, IL 61614 (309)692-2821  
peoriadayschool@sbcglobal.net

### For office use

Date appl. received	Registration fee rcv
Records transfer form rcv	Immunization records rcv

## Family Admission Form- Please return this completed form and your registration fee.

### Student(s) information

Name of student	Hebrew Name	DOB	Grade
Present School	Address		
Name of student	Hebrew Name	DOB	Grade
Present School	Address		
Name of student	Hebrew Name	DOB	Grade
Present School	Address		

### Family information

Home address		City	Zip	Home phone
If student(s) have two residences please list days at each and which parent or guardian's home it is.				
2 <sup>nd</sup> Home address		City	Zip	Home phone
Father's Name	Occupation	Employer		Work phone
Cell		Email address		Best contact method
Stepparent or significant other		Cell		Email address
Mother's Name	Occupation	Employer		Work phone
Cell		Email Address		Best contact method
Stepparent or significant other		Cell		Email address

**Emergency Contact and Medical Information** Name \_\_\_\_\_

Please give two individuals we can contact if the parent(s) can't be reached in an emergency.		
Name	Relationship	Phone
Name	Relationship	Phone

Physician(s)	Phone	Preferred Hospital
Dentist	Phone	

Is your child current in immunizations? Y N Please provide immunization records from current physician

Please list any medical conditions and medications needed

Medical Conditions

Allergies to medication or other allergies

Medications	Dosage	Frequency	Condition
1.			
2.			
3.			

Any other medical concerns:

**Additional Enrollment Information**

Has the applicant ever been in a position to be dismissed/expelled from school? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever repeated a grade? Yes No  
 Has the applicant ever been tested or received special help for reading or learning difficulty? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever been diagnosed for or enrolled in any special education program? Yes No  
 If yes please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever been diagnosed with:  
 Attention Deficit Disorder (ADD), ADHD \_\_\_\_ Autism \_\_\_\_ Anxiety \_\_\_\_ Depression \_\_\_\_ check all that apply  
 If yes, is the student being treated or taking medication for any of these conditions? Please explain:  
 \_\_\_\_\_

## Working together

This information about your student will help us make their time at PHDS a success.

Please list all the adults living in your child's household	
Name:	Relationship
Please list all the children living in the student's household	
Name:	Age:

Describe your child's feelings about school?

What are your child's strengths?

What motivates your child?

## Faith

What religion is practiced at home?
Father's religious background:
Mother's religious background:
Are you affiliated with any temple, synagogue or other Jewish organization?
Do you agree to have your child taught Jewish and Hebrew studies while attending PHDS? Participate in morning services?
Please add any additional pertinent information regarding faith:

## Family volunteer obligations

In order to make our small school work, all parents are expected to contribute volunteer service in addition to paying tuition. These volunteer opportunities include, but aren't limited to helping with fundraising events, organizing school events such as field trips, hot lunch or salad bar, cleaning, office work, or teaching extracurricular classes such as PE, Hebrew, or music. Please see the list of volunteer opportunities form and select the best ways your family can contribute to the success of our school.

## Agreement for families

Thank you for carefully reading this contract to insure success of our school. It is important that each family understand these responsibilities and commit to them.

- I support the mission and policies of PHDS and will teach my children to respect the rules and the authority of their teachers and staff.
- I will pay tuition on time. Tuition is due on the first of the month. If my family should face unforeseen financial difficulty, I agree to communicate my needs immediately to our financial director and complete a written request for assistance.
- I will support PHDS with volunteer service. I understand that all parents are expected to participate as volunteers as well as pay tuition. I agree to give my whole hearted effort to my volunteer work.
- I will see that my child is at school on time, encourage him/her to participate positively, and following the appropriate dress code as outlined in the student handbook.
- I understand that my child will be required to do daily homework and I agree to supervise and assist the homework process.
- I will refrain from taking my child out of school unnecessarily. Consistent attendance is important. I understand that teachers will assign makeup work, but I must take the initiative in helping my child get caught up from an absence.
- I agree to adhere to all rules and requirements noted in the handbook and will read and sign all forms required for registration.
- I understand that there is no proselytism in the school.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I certify that the information in this application is correct. I understand and agree to the code of conduct set forth in the Peoria Hebrew Day School student guide including the fulfillment of financial and volunteer service expectations. I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the appropriate handbook(s).

Parent(s) or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization for the Release of Records

Please complete this form. We will submit it to your child's current school. We cannot complete the application process until we have received all of the records.

Student Name:	
Date of Birth:	Current grade:
School:	
Address:	Phone:

I authorize to release information and send to:

Peoria Hebrew Day School  
5614 North University St.  
Peoria, IL 61614  
(309) 692-2821  
Peoriadayschool@sbcglobal.net

Please include

- All academic records including attendance records, reading levels, and standardized test scores
- Health and dental records
- Discipline records
- Other available school records including results of any psychological testing

**This information is to be held in strict confidence and used for professional purposes only**

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Signature of parent/guardian

Date

## Waiver and Release of All Claims

Please read this form carefully, and be aware that in signing this you will be waiving and releasing all claims from injuries, including death or loss, that might occur or be sustained during field trips or related activities during the school year.

I, \_\_\_\_\_, hereby release the Peoria Hebrew Day School, it's officers, employees,  
(Parent/Guardian's name)  
volunteers, and drivers of any liabilities incurred to my child, \_\_\_\_\_, on all field trips.  
(Student Name)

Please note that information about field trips and other activities will appear in the PHDS Newsletter calendar, on Facebook, and a note will be sent home. If you do not wish for your child to be included in a particular activity, it will be your responsibility to notify the Day School office of your decision. Otherwise your child will be included in the activity and this form will be in effect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Publicity Permission

Name of Student(s) \_\_\_\_\_

I give permission to Peoria Hebrew Day School to (check all that apply):

\_\_\_\_\_ Use my child(ren)'s photograph and school work for school publicity on the PHDS website

\_\_\_\_\_ Use my child(ren)'s photograph and school work for school publicity on the PHDS facebook and Instagram account.

\_\_\_\_\_ Have my child use a school approved email address. The email will be used for school purposes ONLY. Email privileges can be revoked at any time by a school official. Misuse of a school email may result in disciplinary action.

## Alternate School Pick-up Release Form

Often our students need to be picked up by someone other than their parents. In an effort to maintain the safety of our students, we ask for help to be sure that the student only leaves with an approved person.

Student(s) name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

Approved alternate pickup:

Relation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Anyone who is not allowed to pick up your student(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Financial Arrangements

Registration fee is \$50. Book fees are \$225. Both of these fees are due at registration.

The tuition is \$6600 per child. Your family's total yearly fees will be \$6600 unless your family has an agreed tuition discount against volunteering hours.

Please circle a payment plan schedule below.

Number of Payments	1	2	4	6	10	12
Amount	\$6600	\$3300	\$1650	\$1100	\$660	\$550

You may pay the fees to the school office by the fifth of each month, or should you want to pay one payment within the first month of the school year, a 5% discount will be applied to the total. Also please note that our school policy regarding fees is that all fees paid are non-refundable.

If your family has a current agreement for tuition adjustments, please contact the office to discuss this year's agreement and your volunteer obligations.

**I understand these fees and agree to the payment of all fees indicated above**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

## Recurring Payment Authorization Form

Authorize regularly scheduled charges to your checking/savings account or debit/credit card. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed for each payment and the charge will appear on your bank or credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete:

I \_\_\_\_\_ authorize Peoria Hebrew Day School to bill me through my pay pal account associated with the email \_\_\_\_\_ for the school tuition fee on the 1<sup>st</sup> day of each month for payment of my tuition bill according to the agreement indicated on the previous page or arrangements made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first and I agree to notify Peoria Hebrew Day School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for nonsufficient funds (NSF) I understand that Peoria Hebrew Day School may at its discretion attempt to process the charge again within 30 days and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separated transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payment with my bank or credit card company; provided the transactions correspond to the terms indicated in the authorization form.

# Tuition Assistance Request

If you would like to apply for a reduction to your family's tuition obligation, please fill out this form and turn in to the office.

The maximum our family can afford for a monthly payment is \$ \_\_\_\_\_

We are currently affiliated with \_\_\_\_\_ Congregation Agudas Achim

\_\_\_\_\_ Temple Anshe Emeth

\_\_\_\_\_ Jewish Federation of Peoria

An adjustment of tuition will also require additional hours of volunteer commitment. Please indicate in what way you can best help our school succeed.

Along with this request, please submit a copy of our most recent tax return. This application will be reviewed and the applicant will be contacted with the amount of adjustment and arrangements made for payments.

Approval signature \_\_\_\_\_

Amount of tuition adjustment \_\_\_\_\_

Tuition Due \_\_\_\_\_

Terms of agreement \_\_\_\_\_

I agree to the above terms and conditions, if at any point payment is missed or I fail to hold to my commitment of volunteer hours, I understand that my family's tuition adjustment may be revoked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PHDS Volunteer Opportunities

Below is a list of opportunities to be involved at PHDS to help assure that our PHDS is the best it can be for our students. We invite each family to do as many things as they can but also to remember that every family has an obligation to help in the way they are best able. If your family has another way that you feel you can contribute that is not on this list please contact the office. Please pick at least 3 options.

## Work around the school:

- Preparing and serving salad bar or hot lunch
- Bill paying, balancing PTA checkbook and/or depositing student fees/fundraising funds
- Manage the lunch milk each week for the school
- Manage supplies - kleenex, paper towels, clorox wipes, etc.
- Cleaning, dusting, wiping down items in each room and the office.
- Librarian: reshelv books, staffing library times for each class, reading to classes or finding readers
- Put together the PHDS biweekly newsletter
- Building material such as cubbies or other shelving needed for classrooms

## Advertising for the school

- Managing, updating, changing the school website
- Managing and updating the school Facebook and/or other social media

## Fundraising

- Box tops collection and submission
- Scrip (gift card) orders and management
- Monthly bringing in inkjet cartridges to Office Depot
- Run the spring raffle
- Organize the Hannukah party
- Silent Auction fundraiser
- Solicit sponsors and donors
- Organize the fall appeal letter in Spring and/or Fall
- Record donations and sending thank you notes
- PHDS Magazine layout sponsorship and organizing articles

## Aiding Teachers:

- Supervise the lunch room
- Supervise recess
- Run/teach PE
- Field trip research, reservations and travel arrangements
- General secretarial/office work
- Photocopy for teachers and answer the office phone.
- Assist teachers with one-on-one help for students
- Help organize the yearbook

## Other Specific skills:

I have a specific skill that can help PHDS: \_\_\_\_\_

I will commit to assisting PHDS by volunteering my time as indicated above.

I understand that this is my obligation and will be sure to complete this in order to do my part to make sure our children have a great school environment.

\_\_\_\_\_ Signature \_\_\_\_\_ Date