

Applications will not be accepted unless accompanied by a non-refundable registration fee of \$500.00 per student.

NAME:

GRADE ENTERING:

FULL DAY

HALF DAY

DATE OF BIRTH:

**2011-2012**  
**ADMISSIONS APPLICATION**  
for  
**THE TAUBER ACADEMY**  
AVENTURA TURNBERRY JEWISH CENTER – BETH JACOB



20400 NE 30<sup>th</sup> Avenue  
Aventura, Florida 33180  
305-931-0010 Fax: 305-931-2190

# Applicant Information *(Please make any necessary corrections)*

**Student's Full Name:** \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current \_\_\_\_\_ Current School \_\_\_\_\_ Date entered current school: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_  
Street Address City State Zip

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

## Parent/Guardian Information

### Father

Title (Mr., Dr., Rabbi, etc.): \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 If guardian, relationship to applicant: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City State, Zip \_\_\_\_\_  
 Home Phone : \_\_\_\_\_  
 Cell: \_\_\_\_\_

### Mother

Title (Mrs., Ms., Dr., etc.): \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 If guardian, relationship to applicant: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City State, Zip \_\_\_\_\_  
 Home Phone : \_\_\_\_\_  
 Cell: \_\_\_\_\_

## Work Address and Telephone Numbers

### Father

Occupation: \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State, Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Mother

Occupation: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City State, Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Synagogue Affiliation:** \_\_\_\_\_

**Synagogue Affiliation:** \_\_\_\_\_

**Marital Status** If separated or divorced, please identify below the responsible party for school payments:

Full Name: \_\_\_\_\_  
 Street Address : \_\_\_\_\_ City, State, Zip \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Custody Arrangement:      Joint       Father Only       Mother Only   
 Send Grades to:      Both Parents       Father Only       Mother Only   
 Send Mail to      Both Parents       Father Only       Mother Only   
 Persons permitted to remove child from school:      Both Parents       Father Only       Mother Only

*\*Legal documentation regarding custody must be furnished before admissions process may begin.*

## Applicant Biographical Information

Birth Place : \_\_\_\_\_ Citizen Country : \_\_\_\_\_

Languages Spoken : \_\_\_\_\_

## Previous General Education Schools

Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## Previous Judaic Education Schools :

Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Has applicant been on probation, suspended, dismissed or withdrawn from any other schools?    Yes     No

If yes, please list the school. \_\_\_\_\_

## **Sibling Information:**

Name	Current School	Date of Birth
Name	Current School	Date of Birth
Name	Current School	Date of Birth
Name	Current School	Date of Birth

## Emergency Information

Applicant's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Applicant's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List two individuals who may be called if parents cannot be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Grandparents

Name: \_\_\_\_\_ Telephone : \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_ City State, Zip \_\_\_\_\_

Name: \_\_\_\_\_ Telephone : \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_ City State, Zip \_\_\_\_\_

## Medical Information

Does the applicant have any special physical or emotional needs? Yes  No

If yes, please explain \_\_\_\_\_

Does the applicant have any allergies? If yes, please detail \_\_\_\_\_

Has the applicant had any psychological or educational evaluation(s)? Yes  No  If yes, please submit a copy of the report.

Does the applicant take any prescribed medication(s)? If so please list: \_\_\_\_\_

**I authorize medical treatment for my child in the case of an emergency.** Yes  No

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

## Releases

I give my permission for my child's photograph to be used for promotional purposes for The Tauber Academy and/or Aventura Turnberry Jewish Center-Beth Jacob Yes  No

I authorize publication of my home telephone number, address and e-mail in the Student Directory. Yes  No

I give my consent for my child to participate in school sponsored field trips. Yes  No

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

**Section 65C-22.006(2) F.A.C., and Section 65C-20.011(1) F.A.C., require a current physical examination (DH3040) and immunization record (DH680 or DH681) within 30 days of enrollment.**

**Section 402.3125(5), F.S., requires that parent receive a copy of "Know your Child Care Facility" brochure.**

**Section 65C-22.006(4) ., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, as stated in the Student Handbook**

**By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.**

**Financial Aid is awarded on a yearly basis. If you would like to be considered for financial aid for the 2011-2012 academic year you must apply by February 15, 2011.**

I am applying for Financial Aid for the 2011-2012 school year. Attached is my completed application for Financial Assistance and copies of the tax forms required.

**I certify that the above information is correct and complete to the best of my knowledge.**

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

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

FOR OFFICE USE ONLY	
<input type="checkbox"/> TOUR	<input type="checkbox"/> NURSE'S HEALTH INFORMATION & PERMISSION
<input type="checkbox"/> APPLICATION RECEIVED	<input type="checkbox"/> BIRTH CERTIFICATE RECEIVED
<input type="checkbox"/> \$500.00 NON-REFUNDABLE FEE	<input type="checkbox"/> IMMUNIZATION & HEALTH FORMS RECEIVED
<input type="checkbox"/> TUITION FEE	<input type="checkbox"/> SIGNED CONSENT FOR BACKGROUND CHECK
<input type="checkbox"/> EMERGENCY CARD	<input type="checkbox"/> FLU GUIDE SIGNED



## History

The Tauber Academy was founded more than a decade ago as a Conservative Jewish Day 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 is filled with new and exciting programs. Not only do we have a state of the art facility which includes an "adventure playground", we have developed a curriculum that makes our program the perfect beginning for your child's academic journey.

## Preparing for Elementary School

- Whole-group activities that develop social skills, such as sharing, listening and cooperation
- 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

## General Information

Lunch Included, Full-Time Nurse on Campus, After School Enrichment Program, School-wide Security Program, Computer Lab

## Curriculum

The program offers experiential classrooms which center around the developmental world of the child; including: Hebrew and Spanish language classes, Computers, Applied Arts, Music, Judaic Studies, Physical Education, Creative Movement, Reading, Mind Lab, Science Lab, Core Knowledge Curriculum, Chalav U-Dvash, Playball, Ceramic Studio

## Accreditation

- Association of Independent Schools of Florida
- Southern Association of Colleges and Schools
- National Council for Private School Accreditation
- Commission of Int'l Trans-regional Accreditation

## 2011-2012 Tuition and Fees

**Membership Required – Tauber Family Membership \$1,350**

### Baby University

8:30 am-12:00 pm	\$5,260.00
8:30 am-3:00 pm	\$8,600.00
8:30 am-6:00 pm	\$10,500.00

### Early Childhood Half Day Programs

Toddlers-5 Days - 8:30 a.m. -12 p.m.	\$ 6,850.00
Nursery-5 Days - 8:30 am -12:30 pm.	\$ 7,250.00

### Early Childhood Full Day Programs

8:30 a.m.- 3:30 p.m.	
Toddlers	\$10,770.00
Nursery (3 yrs old before 8/31)	\$10,770.00
Pre-K (4 yrs old before 8/31)	\$11,550.00

### Kindergarten

8:30 a.m. to 3:30 p.m. (must be 5 yrs old before 8/31)	\$11,550.00
Sibling Discount.....	\$ 250.00

Healthy lunch, student accident insurance, and curriculum fees are included in basic tuition charges.

## Tuition Assistance

At The Tauber Academy we believe that a Jewish Education should be available to all students. The school offers a scholarship program for families needing assistance with tuition payments. Please contact Harriet Mautner in our Bookkeeping office for further information.

# THE TAUBER ACADEMY

## NURSE'S HEALTH INFORMATION AND PERMISSION FORM

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies (please list): \_\_\_\_\_

Medical concerns and interventions necessary: \_\_\_\_\_

Is your child on any medication? Yes No

Please list: \_\_\_\_\_

Parent's Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Beeper: \_\_\_\_\_ Work: \_\_\_\_\_

With the permission of a parent or guardian, over the counter medications or topical creams may be administered to your child in the event of a specific medical complaint or symptom. *\*Prior to the administration of any medications, a written, authorization from the parent or guardian must be obtained.*

- Any over the counter medication that you wish your child to take during school hours must be brought to school and given to the school nurse in the original container, along with written instructions.
- Prescription medications needed to be administered during school hours must be given to the school nurse by the parent, with the original pharmacy label attached, in addition, please include your child's name, teacher's name and room number on a label firmly affixed to the medication's original container.
- **A consent form must be completed and filed in the nurse's office for all prescription and over the counter medications brought to the school.** Pick up consent forms in the nurse's office.

\*Additional information regarding child's medical history pertinent to student's school medical records:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please feel free to contact the nurse to discuss special needs of your child or any concerns.

**Consent to Background Investigation**

I am the parent/natural guardian of \_\_\_\_\_ (name of child). I have submitted an application for admission for my child to the Tauber Academy (the "School"). I understand that the School will conduct a security assessment and background investigation relating to my child's application for admission and that my child will not be permitted to attend School until the investigation is complete. I authorize the School to contact those persons and entities that will be able to substantiate the information my child's application, including, but not limited to, my child's prior schools (if any), my current and/or prior employers, any law enforcement agency, any homeowner or condominium association with which I am associated, any governmental agency that may have information about me or my child, my child's medical provider, and/or any service provider that may have information about me or my child. I authorize persons and entities to disclose to the School all records and other information pertinent to this security assessment and investigation. I release all such persons from any liability as a result of their disclosure of information about me or my child to the School.

By signing below, I certify that all of the information that I provide on my child's application and in any interview or subsequent conversations regarding my child's admission or the security assessment/investigation will be true, complete and accurate in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the School's judgment) that my child will be disqualified from consideration for admission or subject to immediate dismissal if discovered after my child is admitted.

I certify that, by this document, I understand that the School may obtain a consumer report or reports on me. I authorize the School to obtain such a report or reports for use in connection with my child's application for admission. If my child is admitted, this authorization shall remain on file and serve as ongoing authorization for procurement of consumer reports at any time during my child's attendance. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.**

**Both Parents Must Sign**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent