

Registrations will not be accepted unless accompanied by a non-refundable registration (\$600) and security (\$600) fee of \$1,200 per student.

Enrollments received on or before February 1, 2023 will receive a \$200 discount on Registration and Security.

For Office Use Only

NAME:

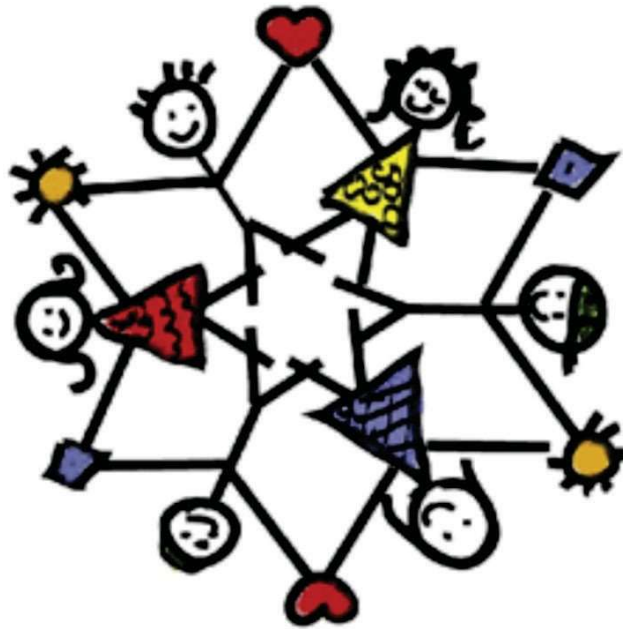
GRADE ENTERING:

☐ FULL DAY ☐ HALF DAY

DATE OF BIRTH:

RECEIVED BY:

AVENTURA TURNBERRY JEWISH CENTER TAUBER ACADEMY



2023 - 2024 ENROLLMENT
APPLICATION

AVENTURA TURNBERRY JEWISH CENTER

ATJC



REIMAGINING WHAT *Together* LOOKS LIKE





Aventura Turnberry Jewish Center TAUBER ACADEMY

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



AVENTURA TURNBERRY
JEWISH CENTER

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
- Math
- Language Arts
- One on One time (*small group time*)
- Large Group time
- Music & Movement (*Israeli Dancing*)
- Hebrew language classes
- ExplorArt
- Yoga
- Cooking
- Physical Education
- KidoKinetics
- Drumming

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



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STUDENT (1) INFORMATION

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 allergies? *Please select* ✓ ☐ YES ☐ NO ☐ EpiPen

If Yes, please explain: _____

Does the student have any special physical, medical or emotional needs? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____

Has the student had any psychological or educational evaluation(s)? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____

STUDENT (2) INFORMATION

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 allergies? *Please select* ✓ ☐ YES ☐ NO ☐ EpiPen

If Yes, please explain: _____

Does the student have any special physical, medical or emotional needs? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____

Has the student had any psychological or educational evaluation(s)? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____

STUDENT (3) INFORMATION

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 allergies? *Please select* ✓ ☐ YES ☐ NO ☐ EpiPen

If Yes, please explain: _____

Does the student have any special physical, medical or emotional needs? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____

Has the student had any psychological or educational evaluation(s)? *Please select* ✓ ☐ YES ☐ NO

If Yes, please explain: _____



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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: ☐ BOTH PARENTS/GUARDIANS ☐ PARENT/GUARDIAN 1 ☐ PARENT/GUARDIAN 2

RELEASES/ EMERGENCY INFO

LIST TWO INDIVIDUALS WHO MAY BE CALLED IF PARENTS CANNOT BE REACHED:

| | |
|-----------|-----------|
| NAME: | RELATION: |
| TELEPHONE | |
| NAME: | RELATION: |
| TELEPHONE | |

GRANDPARENTS

| | |
|-------------|------------|
| NAME: | TELEPHONE: |
| CELL PHONE: | |
| NAME: | TELEPHONE: |
| CELL PHONE: | |

I/We authorize medical treatment for my child/ren in the case of an emergency.

Please select ✓ ☐ YES ☐ NO

PARENT SIGNATURES: _____

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 \$1,200 (\$600 registration, \$600 security) is due with the application.

If you have any difficulty with logging into your account, please feel free to contact the school registrar, Elena Fridlander at (305) 931-0010 or email elena@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.

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*

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 administration by phone at (305) 931-0010 or email elena@atjc.org.

Thank you for your cooperation,
ATJC Tauber Academy Admissions

How to Reach us:

Phone: (305) 931-0010 Website: www.atjc.org General Email: jenny@atjc.org
or rosa@atjc.org





ATJC Tauber Academy 2023-2024 Tuition and Fees

| PROGRAM | TUITION <i>cash/check</i> | TUITION <i>debit/credit card</i> |
|---------|------------------------------|-------------------------------------|
|---------|------------------------------|-------------------------------------|

BABY UNIVERSITY (3 months – 18 months)

- | | | |
|------------------------------|----------|----------|
| • FULL DAY 8:30 AM – 3:00 PM | \$13,500 | \$13,905 |
|------------------------------|----------|----------|

TODDLERS (18 months – 3 years old)

- | | | |
|-------------------------------|----------|----------|
| • HALF DAY 8:30 AM – 12:30 PM | \$12,500 | \$12,875 |
| • FULL DAY 8:30 AM – 3:30 PM | \$14,000 | \$14,420 |

NURSERY (3 years old by 8/31)

- | | | |
|-------------------------------|----------|----------|
| • HALF DAY 8:30 AM – 12:30 PM | \$13,500 | \$13,905 |
| • FULL DAY 8:30 AM – 3:30 PM | \$15,000 | \$15,450 |

PRE-KINDERGARTEN (4 years old by 8/31)

- | | | |
|------------------------------|----------|----------|
| • FULL DAY 8:30 AM – 3:30 PM | \$16,000 | \$16,480 |
|------------------------------|----------|----------|

KINDERGARTEN (5 years old by 8/31)

- | | | |
|------------------------------|----------|----------|
| • FULL DAY 8:30 AM – 3:30 PM | \$18,000 | \$18,540 |
|------------------------------|----------|----------|

ADDITIONAL FEES PER STUDENT

- | | | |
|---|---------|---------|
| • REGISTRATION FEE * (Due at time of registration) | \$600 | \$618 |
| • SECURITY FEE * (Due at time of Registration) | \$600 | \$618 |
| • LUNCH PROGRAM (Not required for Baby University) A nutritious Kosher meal will be provided on a daily basis. | \$1,300 | \$1,339 |

*(Non-refundable, due at time of registration)

DISCOUNTS, INCENTIVES, AND MORE

- Registration completed before February 1, 2023, will receive a \$100 discount on Registration and Security.
- Payments made in full by April 3, 2023, will receive a 3% tuition discount.
- Sibling discount of \$300 for each additional child. *Valid on full day/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.
- A limited number of scholarships might be available each year for families with financial need. Scholarship packets are available in the school office. Deadline to apply is March 29, 2023.

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 2023-2024 Payment Agreement

I _____ (registering parent's name) would like to enroll my child/ren in the following program/s:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Baby University | <input type="checkbox"/> Nursery Half Day | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Toddler Half Day | <input type="checkbox"/> Nursery Full Day | <input type="checkbox"/> Before Care |
| <input type="checkbox"/> Toddler Full Day | <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> After Care |

I/We authorize ATJC Tauber Academy to charge the following account for my fees and tuition payment(s):

- ☐ Pay in Full *(3% discount applied if paid by 4/3/2023)*
- ☐ Pay Monthly *(For your convenience we allow annual tuition payments to be made monthly. Final payment must be received no later than 5/15/2024)*

All payments made by Debit or Credit Card are subject to a **3% processing fee**. Any payments returned will be subject to a **\$200 late fee**.

Payment Type: Please select ✓

- ☐ New Credit Card *(Complete details below)* ☐ Card on File *(last 4 digits)* _____ ☐ e-Check

Name as it appears on card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

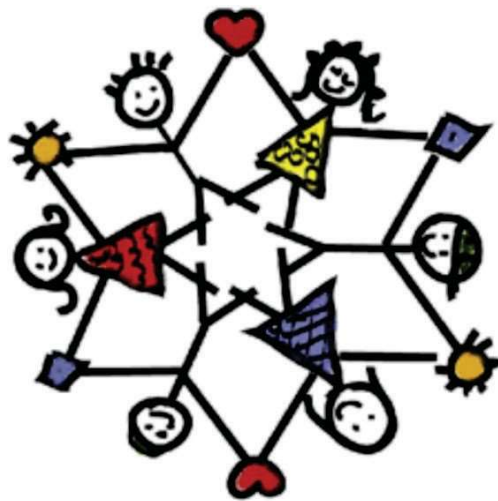
Billing
Address: _____ City/State/Zip _____

A new Payment Agreement must be signed for any changes to the above payment information.

I/We understand that registration and security fees per child are not refundable and are due at the time of enrollment. I further understand that I am registering my child/ren in an educational program at the ATJC Tauber Academy. I hereby acknowledge and agree that I am fully responsible for the cost and expense of all tuition/s, fees, and other related educational expenses. By agreeing to these terms and conditions, I understand that should I elect to remove my child from ATJC Tauber Academy after August 1st, that I am still responsible for all tuition and fees. This contract is legally binding and will be enforced.

Print Name: _____ Signature: _____ Date: _____

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TAUBER ACADEMY



20400 NE 30TH AVENUE, AVENTURA, FLORIDA 33180

MAIN PHONE: (305) 937-1880

SCHOOL PHONE: (305) 931-0010

EMAIL: INFO@ATJC.ORG

WEBSITE: WWW.ATJC.ORG

STAY CONNECTED:

