



Rose & Morris Caskey Elementary School | Samuel J. Konig Middle School

720 Cooper Landing Road, Cherry Hill, NJ 08002 | Telephone: (856) 667-1013 | Fax: (856) 667-2010 | www.politz.org

Rabbi Avraham Glustein, M.S.Ed., Head of School

Sabrina Spector, Board President

2018-2019 ENROLLMENT CONTRACT

A non-refundable \$300 enrollment deposit is required for each child listed on this contract.

FAMILY INFORMATION					
Last Name: _____					
Parent 1 First Name: _____			Parent 2 First Name: _____		
Address: _____ City: _____ State: ____ Zip Code: _____					
Home Phone: _____			Primary Email: _____		
Parent 1 Cell: _____			Parent 2 Cell: _____		
PARENT INFORMATION					
Parents are (check all that apply): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Mother is: <input type="checkbox"/> Deceased <input type="checkbox"/> Remarried Stepfather's Name: _____					
Father is: <input type="checkbox"/> Deceased <input type="checkbox"/> Remarried Stepmother's Name: _____					
Child lives with: _____ Relationship: _____					
Who is responsible for financial obligations? _____					
STUDENTS ATTENDING POLITZ FOR THE 2018 - 2019 SCHOOL YEAR					
English Name	Hebrew Name	Birth Date	Entering Grade	AM Childcare (begins at 7:30am)	PM Childcare (ends at 6:00pm) *
EARLY CHILDHOOD STUDENTS ONLY					
18-Month Class & 2-Year Class <i>Please select schedule options below.</i>	3-Year Class <i>Please select schedule options below.</i>	Pre-Kindergarten			
<input type="checkbox"/> M - F 9:00 - 3:30	<input type="checkbox"/> M - F 9:00 - 3:30	<input type="checkbox"/> M - F 9:00 - 3:30			
<input type="checkbox"/> M - F 9:00 - 12:00	<input type="checkbox"/> M - F 9:00 - 12:00	<input type="checkbox"/> Limited AM Childcare 8:30 - 9:00			
<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 9:00 - 3:30 (select any 3 days)	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 9:00 - 3:30 (select any 3 days)	<input type="checkbox"/> Limited PM Childcare 3:30 - 3:55 *			
<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 9:00 - 12:00 (select any 3 days)	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 9:00 - 12:00 (select any 3 days)	* Friday dismissal for all students is at 3pm / 2pm depending on the time of year. PM Childcare ends one hour after dismissal on Fridays. Please refer to the school calendar for specific dates.			
<input type="checkbox"/> Limited AM Childcare 8:30 - 9:00	<input type="checkbox"/> Limited AM Childcare 8:30 - 9:00				
<input type="checkbox"/> Limited PM Childcare 3:00 - 3:55 *	<input type="checkbox"/> Limited PM Childcare 3:00 - 3:55 *				

In entering into this contract, I understand that I am acting on behalf of myself as a parent and/or legal guardian of the student(s) named above, and on behalf of each additional parent and/or legal guardian of this/these students. I represent that I have full authority to do so.

Parent Signature: _____ Parent Name: _____ Date: _____