



<b>FOR OFFICE USE ONLY:</b>
<b>ACADEMIC YEAR:</b> _____
<b>DATE RECEIVED:</b> _____
<b>REGISTRATION FEE:</b> _____
<b>REFERRED BY:</b> _____

**SAJE on Sundays**  
**Jewish Family Interactive eXperience**  
**APPLICATION FOR ADMISSION 2016-2017**

Rabbi Shimon Zehnwirth (773-771-2613)  
Mrs. Elisa Miriam Zehnwirth (773-484-0100)  
www.J-FIX.org  
JewishFIX@gmail.com

<b>STUDENT CLASSES</b> (grades K-8) <b>Sundays 9:15 AM - 12:00 PM</b>  Optional Afternoon (ages 7-13) <b>Thursdays 4:15 pm - 6:15 pm</b>
---

<b>SUNDAY ADULT CLASSES</b> <b>Session 1: 9:30 - 10:30 AM</b> <b>Tehillim: 10:30 – 11:00 AM</b> <b>Session 2: 11:00 AM – 12 PM</b>  <i>Classes will parallel material that your children are learning</i>
--

**STUDENT INFORMATION:** (PLEASE PRINT)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (FULL MIDDLE) (HEBREW NAME)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: (CIRCLE ONE) M F

APPLYING FOR: (Check appropriate boxes)

- |   |        |
|---|--------|
| <input type="checkbox"/> Sunday Hebrew School (Grades K-8)                      | \$925  |
| <input type="checkbox"/> Sunday Hebrew School & Thursday Afternoon (Ages 7-10)  | \$1150 |
| <input type="checkbox"/> Sunday Hebrew School & Thursday Afternoon (Ages 11-13) | \$1250 |

PRESENT SCHOOL: \_\_\_\_\_ GRADE LEVEL (Fall 2016): \_\_\_\_\_

OTHER HEBREW SCHOOLS PREVIOUSLY ATTENDED: \_\_\_\_\_

**STUDENT INFORMATION:** (CONTINUED)

(CHILD'S NAME): \_\_\_\_\_

BRIEFLY DESCRIBE YOUR CHILD:

---

---

WHAT ARE YOUR CHILD'S GREATEST STRENGTHS?

---

---

WHAT ARE YOUR CHILD'S HOBBIES AND INTERESTS?

---

---

DOES YOUR CHILD PARTICIPATE IN ANY AFTER-SCHOOL ACTIVITIES?

---

---

DOES YOUR CHILD HAVE ANY SOCIAL / EMOTIONAL / BEHAVIORAL CHALLENGES?      YES \_\_\_ NO \_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

---

---

DOES YOUR CHILD HAVE ANY LEARNING CHALLENGES?      YES \_\_\_      NO \_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

---

---

DOES YOUR CHILD HAVE ANY MEDICAL NEEDS / ALLERGIES?      YES \_\_\_      NO \_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

---

---

**PARENT INFORMATION:**

**FATHER**

TITLE: DR. MR.  
NAME: \_\_\_\_\_  
HEBREW NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_  
SCHOOLS ATTENDED: \_\_\_\_\_  
\_\_\_\_\_  
LANGUAGE SPOKEN AT HOME: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
SYNAGOGUE AFFILIATION: \_\_\_\_\_  
CONVERSIONS / ADOPTIONS: \_\_\_\_\_

**MOTHER**

TITLE: DR. MRS. MS.  
NAME: \_\_\_\_\_  
HEBREW NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_  
SCHOOLS ATTENDED: \_\_\_\_\_  
\_\_\_\_\_  
LANGUAGE SPOKEN AT HOME: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
SYNAGOGUE AFFILIATION: \_\_\_\_\_  
CONVERSIONS / ADOPTIONS: \_\_\_\_\_

PLEASE DESCRIBE PARENTS' JEWISH EDUCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT LIVES WITH:

(CIRCLE ONE) PARENT(S)    GUARDIAN    IF GUARDIAN, STATE RELATIONSHIP: \_\_\_\_\_

CHECK IF APPROPRIATE:

\_\_\_ FATHER DECEASED      \_\_\_ PARENTS SEPARATED      \_\_\_ ADOPTED (CHILD AWARE)  
\_\_\_ MOTHER DECEASED      \_\_\_ PARENTS DIVORCED      \_\_\_ ADOPTED (CHILD UNAWARE)

## FAMILY INFORMATION:

FULL NAMES OF SIBLINGS AND AGES:

_____	_____	_____
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
_____	_____	_____
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
_____	_____	_____
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
_____	_____	_____
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)
_____	_____	_____
(NAME)	(AGE)	(SCHOOLS ATTENDED/ATTENDING)

## GRANDPARENT INFORMATION:

PATERNAL GRANDPARENTS:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

MATERNAL GRANDPARENTS:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SCHOOL?

\_\_\_\_\_

IN WHAT OTHER WAYS WOULD YOUR FAMILY LIKE TO BE INVOLVED?

(POSSIBILITIES MAY INCLUDE: TEEN CLUB, FAMILY EVENTS, PARENT ACTIVITIES, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION:

Tuition Cost			\$ _____
Sunday Only	\$925	x _____ children	
Sunday & Thursday (Ages 7-10)	\$1150	x _____ children	
Sunday & Thursday (Ages 11-13)	\$1250	x _____ children	
Application Fee	\$50	x _____ children	\$ _____
		<b>Total:</b>	\$ _____

**5% discount if registered by June 15th. 5% discount for each new family you refer that registers.**

- If you are registering multiple children, please complete pages 1 & 2 for each child.
- If you are in need of tuition assistance, please call Rabbi Zehnwirth at 773-771-2613 or email [JewishFIX@gmail.com](mailto:JewishFIX@gmail.com). Additional discounts may apply for attending adult classes regularly.

### Checks can be made out to J-FIX.

\_\_\_ Paying by check \*      \_\_\_ Paying by credit card (additional 3% service charge)

\_\_\_ Paying in full      \_\_\_ Paying in 3 installments

*\* If paying in 3 installments by check, please submit postdated checks dated:*

1) Date of registration      2) October 2nd      3) December 11th

Name on card \_\_\_\_\_

Address \_\_\_\_\_

Card type \_\_\_\_\_ Card # \_\_\_\_\_

Security code \_\_\_\_\_ Signature \_\_\_\_\_

To apply via email, complete the application, save it on your computer, and then email it as an attachment to [JewishFIX@gmail.com](mailto:JewishFIX@gmail.com). To apply via US mail, send completed application to:

J-FIX c/o Torah Academy  
720 Armstrong Drive  
Buffalo Grove IL 60089