



Inclusive Preschool & Pediatric Therapy Clinic

Educating the typical and special needs child in the same environment

Dear Parents,

With great excitement we are opening registration for the 2017-18 school year. JEWELS has become a familiar name throughout the community. Much interest has been expressed in our program. We are pleased to inform you of our plans for growth for next year.

We will be offering an inclusive program for our Toddler and Preschool programs. Both classes will remain small with a high staff to student ratio. These classes will be comprised of 60% typically developing children and 40% children with special needs. Our Pre-K/ Kindergarten class will have a strong focus on individualized learning and will have the benefit of our excellent special educators and high staff to student ratio. Our Diamond Class will include our Elementary School students. The Pre-K and the Diamond Classes will continue to benefit from our integration program with Cheder Chabad. Additionally, we offer a program with a self-contained class using the model of reverse inclusion. All of JEWELS students benefit from our professional staff and from being immersed in a rich therapeutic environment.

Admissions decisions are made on a case by case basis, using information obtained from our registration packet, a review of assessments/evaluation. We would like an opportunity to meet with you and your child to observe and discuss how your child's needs could be met in our program. Please call our office to schedule a tour/opportunity to meet.

As always, if you have any concerns or questions please feel welcomed to contact me at 410-415-3515 or sbamberger@JEWELSSchool.org. We appreciate the privilege of being part of your child's growth and development and look forward to an enriched school year together at JEWELS-Jewish Education Where Every Level Succeeds.

Wishing you all the best,

Shuli Bamberger

Pre-School Coordinator

5713-B Park Heights Avenue | Baltimore, MD 21215
410-415-3515 | www.JEWELSSchool.org



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Basic Information

Child's Name: _____
Last First Middle

Hebrew Name in Hebrew Characters: _____
Last First Middle

Child prefers to be called: _____ DOB: _____ Hebrew DOB: _____

Home Address: _____ Home Phone: _____

Child lives with (check all that apply): Father Mother
____ Brother(s), name(s): _____

____ Sister(s), name(s): _____

Father's Name: _____ Dr. Mr. Rabbi

Work Phone: _____ Cell Phone: _____

Email: _____

Home Address and Phone (if different): _____

Mother's Name: _____ Dr. Mrs. Ms.

Work Phone: _____ Cell Phone: _____

Email: _____

Home Address and Phone (if different): _____

Has your child attended any pre-school, daycare, or structured babysitting program? Yes No

Name of provider: _____ Contact #: _____

Desired Program:

- Ruby / Toddler (2 years)
- Emerald / Preschool (3 years)
- Pearl / Pre-K/ Kindergarten (4-5 years)
- Diamond / Integrates into Cheder Classes / Elementary School
- Sapphire / Self Contained Class with Inclusion

School hours are Monday-Thursday 9:00am-3:00pm, Friday 9:00am-2:00pm (Nov –Jan 1:00pm).
Early and late stay will be available pending sufficient interest in the program

- Early drop off (8:30 am until 9:00 am)
- Late stay (3:00 pm until 4:00 pm)



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Medical History

My child is up to date on all vaccinations. Yes No

Please submit current vaccination record with application.

Does your child have a diagnosis? Yes No

If yes, please explain: _____

List any illnesses or birth history that has impacted your child’s development:

Describe any specialized equipment your child uses:

Does your child have allergies? Yes No

If yes, please explain: _____

Does your child have dietary restrictions? Yes No

If yes, please explain: _____

Does your child receive services through an IFSP? Yes No If yes, please attach a copy.

Does your child have an IEP or Service Plan? Yes No If yes, please attach a copy.

If yes, who is your service coordinator? _____ Phone: _____

Which district? Baltimore City Baltimore County Other _____

What services are being covered?

Occupational Therapy Physical Therapy Speech Therapy Special Instruction

To help us better serve your child, it is helpful that we have access to previous evaluations and other relevant information about your child. Please send copies of the reports along with this packet.



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2017-2018 Tuition Rates

The JEWELS School is committed to providing a quality inclusive program for the Baltimore community. Although the cost of a cutting edge program with a 3:1 Teacher Student ratio comes at a considerable cost, we remain steadfast to the ideal that economic circumstances should never preclude a child from his/her education. Therefore, as in the past, we will continue to offer substantial scholarships as needed.

The tuition rate per a child for 2017-18 school year is \$21,000 a year.

Extended hours are available Monday- Friday 8:30am-9:00am for an extra \$120 per month and Monday- Thursday 3:00pm-4:00pm for \$180 extra per month, pending sufficient interest.

Scholarships

Scholarship forms are available for students upon request.

JEWELS participates in the Baltimore City Day Care Voucher Program, forms are available upon request.

Registration Fee

A nonrefundable \$100 registration fee is due at the time of registration.

Enrollment Contract:

I, _____ (Parent or Guardian), wish to re/enroll my child _____ at the JEWELS program for the 2017-2018 school year. Enclosed is a non-refundable payment for \$100 to secure my child's enrollment. I understand that I am committed to the full year of tuition to JEWELS. I agree to pay the agreed upon amount for the 2017-2018 school year. Ultimately, it is the responsibility of the parent or guardian to pay all tuition fees for each month, in a timely manner.

Date of Registration: _____

\$100 Registration Fee: Check Attached CC _____ Exp. Date
_____/_____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____



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