

11810 Falls Road
Potomac, MD 20854

Phone (301) 279-7505
Fax (301) 354-3200
www.whcecc.org



Dear Parents,

Thank you for your interest in the Washington Hebrew Congregation Primary School for the school year 2012-2013. The core program of our Primary School offers children in Kindergarten a challenging secular curriculum with an integrated Judaic component.

CORE PROGRAM
(Register now)

| Kindergarten |
|---|
| Monday - Friday 9:00 am - 3:00 pm |
| Children must turn 5 before 9/1/12 |

OPTIONAL PROGRAMS
(Register in August)

| Hot Lunch Program | ACE Club After School Children's Enrichment |
|---|---|
| Monday - Friday | Monday - Thursday 3:00 - 4:00 pm |
| <i>An alternative to bringing lunch from home, Potomac Pizza delivers a hot lunch to our building daily</i> | <i>Classes are taught by well-regarded area professionals and may include sports, dance, martial arts, yoga, art, and more.</i> |
| Begins mid-September; register by semester | Begins mid-September; register by trimester |

Tuition rates for the current year's core program are \$12,575 for Fair Share members of Washington Hebrew Congregation and \$14,625 for non-members and are based on a 9 1/2 month school year. There is a significant tuition reduction for WHC Fair Share members. If you are interested in receiving more information on Temple membership benefits (including tuition reduction and priority registration) or have questions about your membership status, please contact Lindsay Fry, 202-362-7100. If more than one child from the same family attends the school, a sibling discount will be applied for each additional child registered.

Applications may be returned upon receipt. When you return your application, please complete it in full and submit it along with two checks – one representing a **\$100 non-refundable application fee and the other a non-refundable \$500 tuition deposit**. Please make your checks payable to the Washington Hebrew Congregation and enclose a copy of the child's birth certificate if your child is new to our school.

For applicants new to our school, enclosed is a Confidential Student Recommendation Form. Please have your child's current teacher complete and return the form as soon as possible. Thereafter, we will contact you to arrange an appointment at the WHC Primary School for you and your child for an observation and screening.

Provided all of the supporting information is completed in time, notification regarding acceptance will be mailed starting January 15, 2012.

If your child is accepted in the Washington Hebrew Congregation Primary School, a **non-refundable** tuition payment of **\$2,500** will be due no later than January 31, 2012. The balance of your tuition will be billed in the summer of 2012. A variety of payment options will be included with your bill. **All fees and deposits are non-refundable and non-transferable if your child is accepted to the Washington Hebrew Congregation Primary School.**

Temple and school accounts must be current in order to register. There are limited scholarship funds for RJWECC/WHCPS tuition assistance. Please contact the school. All requests are handled confidentially.

If you have any questions, please do not hesitate to call me at 301-279-7505.

Sincerely,

Phyllis Shankman
Director, Early Childhood/Primary Education



WHC Primary School

Application for Admission: 2012-2013

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Current Grade: _____

Grade applying to: _____

APPLICANT INFORMATION

Applicant's Full Name _____
Last First Middle

Goes By: _____ Male/Female _____ Date of Birth _____ Current Age: _____
month/day/year

Home Address _____
Street address City State Zip

Home Telephone _____ Family Email Address _____

Present School _____ School Address _____

Schools Previously Attended (if applicable) _____

Siblings: Name(s), Age(s), School(s) _____

PARENT/GUARDIAN INFORMATION

Relationship to applicant _____

Title (Mr., Mrs., Dr., other) First Name Last Name DOB

Street Address (if different from applicant)

City State Zip

Home Phone (if different from applicant)

Mobile Phone

Business Phone

Additional Email Address

PARENT/GUARDIAN INFORMATION

Relationship to applicant _____

Title (Mr., Mrs., Dr., other) First Name Last Name DOB

Street Address (if different from applicant)

City State Zip

Home Phone (if different from applicant)

Mobile Phone

Business Phone

Additional Email Address

Applicant lives with (check any that apply) Father Mother Stepfather Stepmother Other _____

Parents' religious backgrounds (please indicate mother/father or both): ____Reform ____Conservative ____Orthodox ____non-Jewish ____none

Are you members of Washington Hebrew Congregation? (Y/N) _____ Are you affiliated with another Congregation? Which one? _____

I wish to enroll my child in the WHC Primary School Program. **I enclose two checks made payable to Washington Hebrew Congregation – one representing a non-refundable \$100 application fee and the other a non-refundable \$500 tuition deposit.** If my child is accepted, I agree to make a **non-refundable tuition payment of \$2,500**, due no later than January 31, 2012, to hold his/her place in the school. I further understand that I am responsible for, and agree to pay, the complete 2012-1013 tuition fee if my child is accepted and enrolls in the program in addition to a security fee for each family. I understand that if I am a Temple member, I am responsible for my fair share financial obligations to WHC and must be current through June 30 of the school year for which my child is registering.

The WHC Primary School staff reserves the right to exercise professional discretion as to the placement and continuation of a child in any of its programs.

Parent's name (please print) _____

Signature _____ Date _____



Parent Questionnaire - WHCPS 2012-2013

APPLICANT'S FULL NAME _____

GRADE APPLYING TO: _____

Please help us learn more about your child:

1. What are your child's strengths and areas of special interest?
2. What are some qualities you appreciate most about your child?
3. To help us best accommodate your child, are there any medical or behavioral problems which might impact his/her school experience?
4. Describe briefly your child's language and motor development.
5. What languages are spoken in your home?
6. How do your child's social skills and maturity compare to his/her peers?

APPLICANT'S FULL NAME _____

GRADE APPLYING TO: _____

7. What are some of your expectations for your child's experience in school this coming year?

8. How did you learn about the WHC Primary School?

HAS YOUR CHILD BEEN EVALUATED OR RECEIVED ANY SPECIAL SERVICES? PLEASE EXPLAIN BELOW.

Type of evaluation/service

Please provide the nature/dates/contact information for evaluation or service as appropriate.

__ Psychological/Developmental

__ Speech/Language

__ Occupational Therapy

__ Other

Please enclose test reports or have reports sent to the Registrar at our school.

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND THE WHC PRIMARY SCHOOL?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

I give permission for the professional staff of the Washington Hebrew Congregation Primary School to contact any professional involved in the assessment, education or treatment of my child, _____, for additional information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____