2025-2026 REGISTRATION FORM

Our Partnering Congregations are
Temple Emanu-El & Tifereth Israel Synagogue
CJH is held at Temple Emanu-El
6299 Capri Drive • San Diego, CA 92120

Student's Name _____ I like to be called _____

School as of September 2025_____Grade as of September 2025_____

Synagogue Affiliation (if applicable) _____

Student Mobile # _____ Pronouns: _____

☐ ***Please check this box to indicate your approval to receive SMS messages from CJH.***

Student's e-mail address - **Do NOT use a school email address** as they usually see our emails as SPAM

_____ Birth Date ____/_____/_____

_____

Student's Street Address City State Zip Code

Parent / Guardian #1

_____

First and last name Mobile # Other Contact #

☐ ***Please check this box to indicate your approval to receive SMS messages from CJH.***

_____

Home address if different from student

E-mail address _____

Parent / Guardian #2

_____

First and last name Mobile # Other Contact #

☐ ***Please check this box to indicate your approval to receive SMS messages from CJH.***

_____

Home address if different from student

E-mail address _____

Emergency Contact other than Parent

_____

First and last name Mobile # Other Contact #

☐ ***Please check this box to indicate your approval to receive SMS messages from CJH.***

Student's Name_____

Community Jewish High is guided by Jewish Values and Community Responsibility

Our expectation is that every student and faculty member's behaviors reflect Jewish values. In addition, we understand that we are each responsible not only for ourselves, but each other. We must all understand that our words and our actions have consequences.

As we welcome a new year of learning and growth, let us remember the values that guide us:

1. **Kindness – *Chesed*:** Treating everyone with compassion and care. Being inclusive of everyone, especially those who may feel left out or different.

2. **Empathy – *Rachamim***: Understanding how others feel and responding with sensitivity. Listening without judgment, speaking with respect, even when we disagree.

3. **Appropriate Behavior – Derech Eretz**: Acting with dignity and respect in and outside of our classrooms. Avoiding actions that disrupt learning or harms others emotionally or physically.

4. **Safe Space**: Each of us is responsible for creating and maintaining a school environment where everyone feels safe to be themselves – physically, emotionally, and spiritually. Bullying, exclusion, and any form of hate speech will not be tolerated.

5. **Appropriate Speech – *Lashon Tov***: Our words hold weight. We will all strive to use words to uplift and not hurt. We will avoid gossip (*lashon hara*), insults, and language that is disrespectful or inappropriate. Our words should reflect *kavod* (honor) for all.

6. **Being a Role Model – *Dugma Ishit***: Each of us can serve as an example to others, especially to those who are younger or those who look up to us. Leading involves responsibility, integrity, honesty, and a positive attitude.

Each member of our CJH family is valued and being part of our CJH community is a privilege. The above are guidelines for creating a positive and welcoming environment for growth and learning. If these guidelines are violated, there will be consequences that may include:

- Reflection and conversation with a faculty member and administrator
- Contact with parents/guardians
- Restorative justice practices or community service
- Lose of privileges at school
- Suspension or other disciplinary actions in serious cases

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student's Name_____

Medical and Education History

***We must have an updated copy of your student's immunization record AND current student photo.**

If you answer "yes" to any of these questions, please explain below.

Does your child have any allergies? ____Yes ____No

Are there any educational issues that we should know about? ____Yes ____No

Are there medical concerns? ____Yes ____No

Are there behavioral concerns? ____Yes ____No

_____

_____

_____

_____

_____

_____

_____

Please list any regularly used prescription drugs _____

Is there anything else we should be aware of to ensure the best possible experience for your child?

_____

_____

_____

_____

_____

In Case of Emergency

In case of emergency or if any person stated in this registration form becomes ill or injured while attending or participating in Community Jewish High, I/we give permission for any licensed physician, surgeon, clinic or hospital to provide appropriate and reasonable treatment and medical services for all the persons stated in this form.

IN WITNESS WHEREOF, this Agreement is signed on _____ (date)

Minor's name: _____ Person completing form: _____

Relationship to minor: _____ Email: _____

Signature: _____

Student's Name _____

COMMUNITY JEWISH HIGH
2025-2026 PAYMENT OPTION FORM

Annual tuition is $1050.00. The following discounts may be combined:
- **Early bird discount ($25)** – for completed registrations received by July 31, 2025
- **Early payment discount ($25)** – for tuition paid in full by October 31, 2025
- **Sibling discount ($25)** – for any sibling beyond the first student, within the same household

✻ **Once the school year begins, there will be no refunds nor will we pro-rate any fees. All fees are non-refundable. Please initial here to indicate you understand this policy. _____**

PAYMENT PLANS

Please note, all student accounts must be paid in full or on a payment plan with a credit or debit card or ACH direct debit. All payment plans must be completed by April 30, 2026.

Select one of the following payment methods for 2025-2026 CJH Tuition

☐ **Check:**
Checks may be made payable to CJH and mail to:
Community Jewish High
c/o Tifereth Israel Synagogue
6660 Cowles Mountain Blvd.
San Diego, CA 92119

☐ **Debit Card*** (MasterCard, Visa, Discover, or American Express): There is no fee for debit card payments.

☐ **Credit Card*** (MasterCard, Visa, Discover, or American Express): There is a 3% electronic payment fee for credit card payments.

☐ **ACH* (E-check / Direct Debit)**: There is a 1.5% electronic payment fee for ACH payments.

*Please call Linda at 619 697-6001, ext. 103, between 9:00 a.m. – 4:00 p.m. to give her your account information and arrange either payment in full or a payment plan. She can also be reached at lindam@tissd.org. For your security, do not email your card or bank account information.

Name of person to contact regarding payments: _____

Preferred contact method during business hours: _____

Student's Name _____

PHOTOGRAPH/VIDEO RELEASE

It is the practice of CJH to use photographs and videos of students involved in school activities in its publications and in other selected media for the purpose of promoting CJH. Children's names are never used when appearing in publicity.

By signing, **I am allowing CJH** to produce and use any such photographic or video material of my child.

SIGNATURE _____ DATE _____

If you should have any questions please call Beth Klareich at (619) 697-6001 ext. 108 or email her at beth.cjhsd@gmail.com.

NONDISCRIMINATION POLICY FOR COMMUNITY JEWISH HIGH (CJH)

Community Jewish High admits students of any race, color, national origin, ethnic origin, sexual orientation and gender identity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, sexual orientation or gender identity in administration of its educational policies, admission policies, and other school-administered programs.

Be sure to complete and return your forms in one of the following ways:

US MAIL
Community Jewish High
c/o Tifereth Israel Synagogue
6660 Cowles Mountain Blvd.
San Diego, CA 92119

EMAIL
You may email the form as a PDF. **We cannot accept a photograph of the form.** Email the **PDF** to beth.cjhsd@gmail.com and indicate in the subject "CJH Registration."

FAX If you prefer to fax your forms, the fax number is 619 697-1102.

For office use only

Tuition

☐ Early bird discount (7/31/25) ☐ Early payment discount (10/31/25)

☐ Sibling Discount $25 per student beyond the first enrolled in a household

☐ Paid in full $_____ paid by _____ on _____

☐ Payment plan set up on _____ Total on plan $_____

☐ Check ☐ Debit ☐ Credit ☐ ACH

☐ Scholarship / financial consideration requested from _____

☐ Processed by Beth _____

☐ Added to Email Lists _____

☐ Added to SMS Messaging _____