

APPLICATION FOR ADMISSION PACKAGE



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Mazel  
Day School  
ACADEMY OF THE ARTS AND SCIENCES

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## About the Admissions Process

Mazel Day School makes admissions decisions in regard to a student's appropriateness for the program based on a number of different criteria. Confidential teacher recommendations, grades, standardized test scores and the student's visit/interview are all considered.

Admission to our School is selective; the aim is to enroll a diversity of talented, well-adjusted and academically capable students who will make a positive contribution to the school community and who will find personal success at the school.

The first step in the admissions process begins with a submission of an application form, followed by a visit to our school to see what we can provide your child, and if your child is a good candidate for our program. If your child is currently on a waiting list for any of our classes, they must still go through the process of the admission schedule below.

### **KEY ADMISSION DATES:**

**JANUARY 31ST** - Application Deadline for the following items to be submitted:

- A completed Application Form
- An Application Fee of \$150
- A signed Transcript/Records Release Form (for new students applying to Grades 1 and up) – *See page 7*
- A Teacher's Reference letter (for new students applying to Grades PreK and up) – *See pages 8-10*

**FEBRUARY-MARCH** - New Student visits scheduled. Visits include an on-site tour with parents, a student interview and screening (informal or formal, depending on age of child). The Director of Admissions will contact you to schedule an appointment.

**FEBRUARY 15TH** – Deadline for completed Tuition Assistance Forms (if applicable)

**MARCH 15TH** – Letters of Acceptance sent out

Late applications will be considered on a space available basis.



## APPLICATION FOR ADMISSION

2010-2011 SCHOOL YEAR

### Student Information

Last Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Nickname:	
Hebrew Name (if known):	Country of Birth:	
Date of Birth:     /     /	Hebrew Birth date (if known):	
Address:		
City:	State:	Zip code:
Living With: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Is father Jewish?	Is mother Jewish?	Is maternal grandmother (mother's mother) Jewish?
Were there any conversions in the family?     If yes, who?		
What was the name of the Rabbi who officiated the conversion?		
Language(s) spoken at home:	Child's first language:	

### Program Application {Tuition rates on page 6}

#### PRESCHOOL DIVISION

<input type="checkbox"/> Pre-Nursery (children born 12/2007 – 10/2008)	<input type="checkbox"/> Full Day
<input type="checkbox"/> Nursery (children born 12/2006 – 11/2007)	<input type="checkbox"/> Half Day ( <i>available only for Pre-Nursery &amp; Nursery</i> )
<input type="checkbox"/> Pre-K (children born 12/2005 – 11/2006)	

#### LOWER SCHOOL (ELEMENTARY) DIVISION

<input type="checkbox"/> Kindergarten (children born 12/2004 – 11/2005)
<input type="checkbox"/> Grade 1 (children born 12/2003 – 11/2004)
<input type="checkbox"/> Grade 2 (children born 12/2002 – 11/2003)
<input type="checkbox"/> Grade 3 (children born 12/2001 – 11/2002)
<input type="checkbox"/> Grade 4 (children born 12/2000 – 11/2001)
<input type="checkbox"/> Grade 5 (children born 12/1999 – 11/2000)



## Parent Information

### FATHER'S INFORMATION

Father's Last Name:  Dr.  Mr.  Rabbi

Father's First Name: Hebrew Name (if known):

Home Address (if different from child's):

Occupation:

Business Name:

Business Address:

City: State: Zip code:

Home Phone: Cell:

E-Mail:

Special Interests/Hobbies:

### MOTHER'S INFORMATION

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

Mother's First Name: Hebrew Name (if known):

Home Address (if different from child's):

Occupation:

Business Name:

Business Address:

City: State: Zip code:

Home Phone: Cell:

E-Mail:

Special Interests/Hobbies:

*Please note that the school often uses email as its primary means of communication.  
 Please provide us with the email address that you check most frequently.*

Preferred number to use when contacting Parents:  Home  Mom's Cell  Dad's Cell  Other

Is one parent currently living out of state?  Yes  No If yes, who?

Are parents separated or divorced?  Yes  No If yes, who has legal custody?

If yes, to whom should tuition and financial correspondence be sent?



## Sibling Information

Number of Siblings in Child's family: \_\_\_\_\_

Sibling Name	Age	School Attending	Current Grade

## Previous School Experience

Child's Current School/Program: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Principal/Head of School: \_\_\_\_\_

Please list all schools previously attended including Day Care/Preschool:

Name of School	City	Grade/Age	Phone Number

Please list all summer camps/programs previously attended:

Name of Summer Camp	City	Dates Attended	Phone Number

Has your child ever been asked to withdraw from a school or camp program?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child ever repeated or skipped a grade?  Yes, Repeated  Yes, Skipped  No

If yes, what grade level was repeated or skipped? \_\_\_\_\_

## Interest in Application

How did you hear about our school?

- Direct Mail     
  Internet     
  Friend – Name: \_\_\_\_\_  
 Radio     
  Newspaper     
  Relative – Name: \_\_\_\_\_



Please indicate why you are interested in applying for admission to Mazel Day School. Explain why you feel your child may be a good candidate for our program:

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## Special Needs

Is there any medical information that is important for the school to be aware of?  Yes  No

If yes, please explain:

Is there any special family circumstance (move, divorce, illness, loss)?  Yes  No

If yes, please explain:

Are there any academic or learning accommodations that your child may need?  Yes  No

If yes, please explain:

Please list any form of professional therapy or counseling services which your child may have received.  
*[This information is confidential and will not be shared with any other individuals or organizations without your knowledge. Please understand that this information is essential to our overall understanding of your child so that we will be able to provide him/her with the most meaningful & quality education possible.]*

Type of Therapy:

*Please circle: Service Current or Terminated*

Reason for Service:

Type of Therapy:

*Please circle: Service Current or Terminated*

Reason for Service:

Type of Therapy:

*Please circle: Service Current or Terminated*

Reason for Service:

## More About You & Your Child...

Please briefly describe your child's personality, interests and abilities:

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As parents, what are your educational expectations of Mazel Day School?

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What interests you in having your child attend a private Jewish day school?

How would you describe your child's present school experience?

We strongly encourage parental involvement at our school. In what ways might you be able to share your time, resources or talents with our school?

## Parent Signature

Do you wish to receive information about the Tuition Assistance program?  Yes  No

To the best of my knowledge, the information I have provided in this application is true and complete. I understand that omission of (or inaccurate) information may be grounds for dismissal if student has been accepted.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please return the completed application form, including non-refundable application fee of \$150 made payable to F.R.E.E. – Mazel Day School, **BY JANUARY 31ST, 2010**, to:

Mazel Day School (F.R.E.E.)  
ATT: ADMISSIONS  
2901 Brighton 6<sup>th</sup> Street  
Brooklyn, NY 11235  
admissions@mazeldayschool.com

### FOR OFFICE USE ONLY

- \$150 Application Fee PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ Date Submitted: \_\_\_\_\_
- For New Students (PreK – Grade 5): Teacher Recommendation Date Received: \_\_\_\_\_
- For New Students (Grades 1 – 5): Transcripts and Records Date Received: \_\_\_\_\_



## 2010-2011 Tuition Rates<sup>1</sup>

PRESCHOOL DIVISION		PER SCHOOL YEAR SEPTEMBER TO JUNE
	HOURS	
Application for Admission Fee		\$150
Parent Association Fee (includes fees for trips and special programs throughout school year)		\$150
Full Day Program	9 am – 4 pm <sup>2</sup>	\$5,650 + Meal Program
Half Day Program <i>Available Pre-Nursery, Nursery only</i>	9 am – 12:45 pm	\$4,800 + Meal Program
Part Extended Day Program <sup>3</sup>	9 am – 4 pm + <i>up to 2</i> extended care hours	\$6,500 + Meal Program
Full Extended Day Program	8 am – 6 pm	\$6,750 + Meal Program
Full Day + Early Drop Off	8 am – 4 pm	\$6,100 + Meal Program
Half Day + Early Drop Off <i>Available for Pre-Nursery &amp; Nursery only</i>	8 am – 12:45 pm	\$5,250 + Meal Program

LOWER SCHOOL (ELEMENTARY) DIVISION		PER SCHOOL YEAR SEPTEMBER TO JUNE
	HOURS	
Application for Admission Fee		\$150
Book and Supplies Fee	Kindergarten: \$100; Grades 1-2: \$150; Grades 3-5: \$175	
Parent Association Fee (includes fees for trips and special programs throughout school year)		\$175
Regular Tuition	9 am – 4:15 pm	\$7,000 + Meal Program
Transportation <i>FREE Busing available from Dept. of Education, though it's NOT door-to-door service. Availability depends on location. Not available for students in Early Drop-off / After School</i>		FREE
Early Drop Off	8 am – 9 am	Additional \$450
After School / Homework Help	4:15 pm – 6 pm	Additional \$1,100

**MEAL PROGRAM** Parents select a meal program payment plan depending on their income level. All children receive the same breakfast, lunch & snack, regardless of payment plan selected by their parents.

FREE	FREE if approved by NYS Free and Reduced School Meal Program
\$4.50 per day	\$810 added to total tuition cost
\$5.50 per day	\$990 added to total tuition cost
\$6.50 per day	\$1170 added to total tuition cost

<sup>1</sup> There is a 10% Sibling Discount for each additional child enrolled from the same family.

<sup>2</sup> Except for Fridays. **On winter Fridays, school closes at 1 pm. On fall, spring & summer Fridays, school closes at 3 pm.**

<sup>3</sup> Extended care is not available on Fridays or on early dismissal days.



## TRANSCRIPT REQUEST

(FOR NEW STUDENT APPLICANTS TO GRADES 1 - 5)

TO PARENT: Please complete this cover letter and submit pages 7-10 to applicant's current school so that they can then forward transcript information and recommendations to our office. Recommendation forms should be placed in a sealed envelope with the teacher/administrator placing their signature on the seal line to ensure confidentiality.

I hereby give permission for:

\_\_\_\_\_  
Name of Current School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

To release all records pertaining to:

\_\_\_\_\_  
Student's Name

Records should include:

- Current semester report card
- Report Cards of two prior school years
- Results of most recent Standardized Tests
- Record of any Disciplinary Actions or Behavior Modification Plans
- Teacher Recommendation Form (see attached)

And to forward those records to:

Mazel Day School (F.R.E.E.)  
ATT: ADMISSIONS  
2901 Brighton 6<sup>th</sup> Street  
Brooklyn, NY 11235  
718-368-4490  
admissions@mazeldayschool.com

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date





7. Please describe the Student's performance in these areas:

Social and Peer Relationships are

advanced  age-appropriate  emerging  an area of concern.

Explain:

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Behavior/Maturity is

advanced  age-appropriate  emerging  an area of concern.

Explain:

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Academic Abilities are

advanced  age-appropriate  emerging  an area of concern.

Explain:

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Ability to pay attention, listen and follow directions is

advanced  age-appropriate  emerging  an area of concern.

Explain:

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Emotional Development (self-image, ability to deal with frustration) is

advanced  age-appropriate  emerging  an area of concern

Explain:

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Independence, Self-Care and Responsibility is

advanced  age-appropriate  emerging  an area of concern

Explain:

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8. The Student's school attendance is  Regular  Not Regular
9. Are you aware of any independent evaluations or services being provided for physical, emotional or academic reasons regarding this student?  
 Yes\*  No  Don't Know
- Are there any evaluations or services that you feel should be provided due to physical, emotional or academic concerns regarding this student?  Yes\*  No  Don't Know
- Does this Student receive any type of special accommodations?  
 Yes\*  No  Don't Know

\*If yes, please explain:

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10. What forms of motivation did you find to be the most effective in working with this Student:

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11. Please describe your relationship with the Student's parents in the course of your work with their child (level of parent involvement, cooperation, communication, etc.):

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12. Are you aware of any special family or health circumstances relevant to this Student?

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Signature

Print Name

Position

School

Contact Phone Number

Hours you are available \_\_\_\_\_ to \_\_\_\_\_ AM/PM

Date

*Please return completed recommendation form in a sealed envelope, placing your signature on the seal line to ensure confidentiality, **by January 31<sup>st</sup>, 2010**, to: Mazel Day School (F.R.E.E.), ATT: ADMISSIONS, 2901 Brighton 6<sup>th</sup> Street, Brooklyn, NY 11235.*