2018-19

# **Application for Admission Package**







2901 Brighton 6<sup>th</sup> Street 60 West End Avenue Brooklyn, NY 11235 Phone: 718-368-4490

Email: admissions@mazeldayschool.com

## **About the Admissions Process**

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. Admission decisions are made after careful evaluation of each student's application materials, interview, referrals and availability of space.

The first step in the admissions process begins with a submission of an application form, followed by a visit tour by prospective students and parents, as well as an interview and assessment of applying students by our Educational Director. This will give you the opportunity to see what we can provide your child, as well as if your child is a good candidate for our program. If your child is currently on a waiting list for any of our classes, the process of the admission schedule below still applies.

**Tuition assistance is available to qualifying families of students applying to Kindergarten through Grade 8.** The amount of aid awarded each year is based on documented need (including tax returns). All information submitted is kept strictly confidential. When completing the application for admission, check the appropriate box to indicate that you are requesting tuition assistance information. The School Office will forward all the necessary forms to you with detailed instructions and deadlines.

### **ADMISSION CHECKLIST:**

The following	items should be submitted by JANUARY 31 <sup>st</sup> (PRESCHOOL applicants) or FEBRUARY
15 <sup>™</sup> (GRADES	<b>K-8</b> applicants). Late applications will be considered on a space available basis.;
	Completed Application Form
	Recent Photograph of Applicant
	Application Fee of \$200
For Ne	w Students applying to Grades PreK and up (in addition to all items listed above)
	Teacher's Recommendation Form - See pages 8-10
For Ne	w Students applying to Grades 1 and up (in addition to all items listed above)
	Signed Transcript/Records Release Form - See page 7
	Current semester report card, as well as Report Cards of two prior school years
	Results of most recent Standardized Tests
	IEP or other relevant Educational Evaluations / Reports
	Samples of recent student work (math and writing)

Following the receipt of all documentation, new Student visits to the school will be 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 for your tour.



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# APPLICATION FOR ADMISSION

<b>2018-2019</b> SCHOOL YEAR	NEW APPLICANTS		
Student Information			
Last Name:	☐ Male ☐ 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: Parents Mother Father	Other:		
Is father Jewish? Is mother Jewish? Is maternal g	grandmother (mother's mother) Jewish?		
Were there any conversions in the family? If yes, w	ho?		
What was the name of the Rabbi who officiated the conve	ersion?		
Language(s) spoken at home:	Child's first language:		
Please attach a recent photo of the	e applicant to the application.		
Program Application (Tuition rates on	page 6}		
PRESCHOOL DIVISION			
PRE-NURSERY (DOB 12/2015 – 10/2016, child must be t	urning 2 by Oct)		
■ Nursery (DOB 12/2014 – 11/2015, child must be turning 3 by Nov) ■ Half Day (available only for			
PRE-K (DOB 12/2013 – 11/2014, child must be turning 4 by Nov)  Pre-Nursery)			
LOWER SCHOOL DIVISION	MIDDLE SCHOOL DIVISION		
KINDERGARTEN (DOB 12/2012 – 11/2013,	Court (DOR 12/2007 11/2009)		
child must be turning 5 by Nov)	GRADE <b>5</b> (DOB 12/2007 – 11/2008)		
GRADE 1 (DOB 12/20011 – 11/2012)	GRADE 6 (DOB 12/2006 – 11/2007)		
GRADE 2 (DOB 12/2010 – 11/2011)	GRADE <b>7</b> (DOB 12/2005 – 11/2006)		
GRADE 3 (DOB 12/2009 – 11/2010)	GRADE 8 (DOB 12/2004 – 11/2005)*		
GRADE 4 (DOB 12/2008 – 11/2009)	* We typically do not accept applications for the 8 <sup>th</sup> grade.		
	Transportation Busing (NYC Dept of Ed)		



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Parent Informa	tion	
FATHER'S INFORMAT	ΓΙΟΝ	
Father's Last Name:		☐ Dr. ☐ Mr. ☐ Rabbi
Father's First Name:		Hebrew Name (if known):
Home Address (if different f	rom child's):	
Occupation:		
Business Name:		
Business Address:		
City:	State:	Zip code:
Home Phone:		Cell:
E-Mail:		
Special Interests/Hobbies:		
MOTHER'S INFORMA	ATION	
Mother's Last Name:		Dr. Mrs. Ms.
Mother's First Name: Hebrew Name (if known):		
Home Address (if different f	rom 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?		



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Sibling Informa	tion				
Number of Siblings in Child's	family:	Placement of Chil	d in Family (y	oungest, oldest, etc	.):
Sibling Name	Age	School Attending			Current Grade
Does the Child have a sibling	enrolled at M	lazel Day School cur	rently or in th	he past?	
Name of Sibling who is a cur	rent / past Ma	zel Day School stud	ent?		
Previous School	l Experi	ence			
Child's Current School/Progr	am:				
School Address:					
Phone Number:		Name of Princ	ipal:		
Please list all schools previou	usly attended i	ncluding Day Care/	Preschool:		
Name of School	City	Grade/Age		Phone Number	
Please list all summer camps	s/programs pre	eviously attended:			
Name of Summer Camp	City	Dates Attend	ed	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?					
How did you he	ear abou	ıt us?			
How did you hear about our	school?				
Friend – Name:			Faceboo	k 🔲 Inte	ernet Search
Relative – Name:			Instagrar	m 🔲 We	bsite



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Please indicate why you are interested in applying for admis good candidate for our program?	sion to Mazel Day School. Why is your child a
Important to Know	
Is there any medical information about your child that is imp If yes, please explain:	portant for the school to know? Yes No
Is there any special family circumstance (move, divorce, illne If yes, please explain:	ess, loss)?
Are there any academic or learning accommodations that your lf yes, please explain:	our child may need? Yes No
Please list any form of professional therapy or counseling se [This information is confidential and will not be shared with a your knowledge. Please understand that this information is child so that we will be able to provide him/her with the most	any other individuals or organizations without essential to our overall understanding of your
Type of Therapy:	Please circle: Service Current or Terminated
Reason for Service:	
Type of Therapy:	Please circle: Service Current or Terminated
Reason for Service:	
Please include a doctor's note (for medical related issues)	or a current IEP (for children receiving services).
More About You & Your Child	
Please briefly describe your child's personality, interests and	abilities:
As parents, what are your educational expectations of Maze	I Day School?



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2018-2019 Tuition Rates	Note: Tuition is si	ıbject to ı	an annual increase.
PRESCHOOL DIVISION	Hours		SEPTEMBER TO JUNE
Application for Admission Fee Payable upon submission	on of this form		\$200
Parent Association Fee (includes fees for trips and specia	al programs throughout school year	.)	\$150
Facilities Fee (for expenses related to maintenance and	repairs of classrooms and play spac	es)	\$135
Security Fee (for expenses related to providing security	to the school site)		\$215
Full Day Program	9 am – 4 pm		\$11,450 (\$1145 a month)
Half Day Program Available for Pre-Nursery only	9 am – 12:45 pm		\$11,100 (\$1110 a month)
Part Extended Day Program	9 am – 4 pm + 1 extended care he	our	\$12,200 (\$1220 a month)
Full Extended Day Program	8 am – 6 pm		\$12,500 (\$1250 a month)
Lower School (K-4) Division	Hours		SEPTEMBER TO JUNE
Application for Admission Fee Payable upon submissio	n of this form		\$200
		Kindergar	ten: \$145; Grades 1-4: \$200
Parent Association Fee (includes fees for trips and special programs throughout school year)		.)	\$175
Facilities Fee (for expenses related to maintenance of children's classrooms and play spaces)			\$150
Security Fee (for expenses related to providing security	to the school site)		\$275
Regular Tuition	8:40 am – 4:15 pm		\$14,900
Early Drop Off	8 am – 8:40 am		Additional \$770
After School / Homework Help Provided by third-party vendor			
Transportation 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			FREE
MIDDLE SCHOOL (5-8) DIVISION	Hours		SEPTEMBER TO JUNE
Application for Admission Fee Payable upon submission of this form			\$200
Book and Supplies Fee			\$250
Parent Association Fee (includes fees for trips and special programs throughout school year)		)	\$175
Facilities Fee (for expenses related to maintenance of children's classrooms and play spaces)		5)	\$150
Security Fee (for expenses related to providing security to the school site)			\$275
Regular Tuition	8:15 am – 4:15 pm		\$15,530
After School / Homework Help Provided by third-party vendor			

### **IMPORTANT - PLEASE NOTE:**

Transportation

- For Grades K-8: There is a 10% Sibling Discount for each additional child enrolled from the same family.
- On winter Fridays, school closes at 1 pm. On fall, spring & summer Fridays, school closes at 3 pm.

FREE Busing available from Dept. of Education, though it's NOT door-to-door service.

Extended care is not available on Fridays or on early dismissal days.

Availability depends on location. Not available for students in After School

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each year is based on documented need (including tax returns). All information submitted is kept strictly confidential.
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requesting tuition assistance. The School Office will forward all necessary forms to you with instructions and deadlines.

FREE



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# TRANSCRIPT REQUEST

(FOR NEW STUDENT APPLICANTS TO GRADES 1 - 8)

TO PARENT: Please complete this cover letter and submit pages 7-10 to applicant's current or last attended school so that they can then forward transcript information and recommendations to our office.

I hereby give permission for:	Name of Current School
	Street Address
	City, State, Zip
To release all records pertaining to	:
	Student's Name
<ul> <li>Records should include:</li> <li>Current semester report card</li> <li>Report Cards of two prior school</li> <li>Results of most recent Standard</li> <li>IEP or other relevant Education</li> <li>Record of any Disciplinary Act</li> <li>Samples of student work in material</li> <li>Teacher Recommendation Form</li> </ul>	dized Tests nal Evaluations / Reports ions or Behavior Modification Plans oth and writing
And to forward those records to:	Mazel Day School ATT: ADMISSIONS 60 West End Avenue, Third Floor Brooklyn, NY 11235 718-368-4490 admissions@mazeldayschool.com
Parent's Signature	Date



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# **TEACHER RECOMMENDATION**

(FOR NEW STUDENT APPLICANTS TO PREK - GRADE 8)

	First Name Last Name		
Parent / Guardian Name:			
Current Grade of Student Applicant:			
Teacher recommendation must come directly from	om the school and will be treated as confidential.		
<b>TO TEACHER:</b> Thank you for taking the time to complete this recommendation form. Please be candid about this student's abilities and performance in your classroom. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. This form is only one piece of the student's profile in his/her application process. All information is confidential and will only be used for admission purposes. When complete, please place this form in a sealed envelope, placing your signature on the seal line to ensure confidentiality. We appreciate your help in sharing your experience with this Student.			
Teacher's Name	School		
Position	Date Form was Completed		
Contact Phone Number	Contact Email Address		
Hours you are available to AM/PM	Preferred Contact Email Call		
How long and in what capacity have you known the Student?			
2. Current class size :			
How would you describe the Student's overa	Ill personality?		



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4.	Please describe the Student's strengths:				
5.	5. Please describe areas in need of further development:				
6.	Please describe the Student's interests or hobbies:				
7. Please describe the Student's performance in these areas:  Social and Peer Relationships:  Advanced Age-appropriate Emerging An area of concern Explain:					
	Behavior/Maturity:  Advanced Age-appropriate Emerging An area of concern Explain:				
	Ability to keep with the class and transition between activities:  Advanced Age-appropriate Emerging An area of concern Explain:				
	Academic Abilities:  Advanced Age-appropriate Emerging An area of concern Explain:				
	Ability to pay attention, listen and follow directions:  Advanced Age-appropriate Emerging An area of concern Explain:				
	Emotional Development (self-image, confidence, ability to deal with frustration):  Advanced Age-appropriate Emerging An area of concern Explain:				



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	Language and Communication Skills:  Advanced Age-appropriate Emerging An area of concern Explain:
-	Independence, Self-Care and Organization:  Advanced Age-appropriate Emerging An area of concern  Explain:
8.	Student's school attendance is Regular Not Regular  Explain:
9.	Are you aware of any independent evaluations or services being provided for physical, emotional or academic reasons regarding this student?
10.	Please describe level of parent involvement, cooperation, communication, etc.:
11.	Are you aware of any special family or health circumstances relevant to this student?

Please return completed recommendation form in a sealed envelope, placing your signature on the seal line to ensure confidentiality, **by February 15**<sup>th</sup>, **2018**, to:

Mazel Day School ATT: ADMISSIONS 2901 Brighton 6<sup>th</sup> Street Brooklyn, NY 11235