

2018-19

# 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

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>TH</sup>** (GRADES K-8 applicants). *Late applications will be considered on a space available basis.;*

- Completed Application Form
- Recent Photograph of Applicant
- Application Fee of \$200

*For New Students applying to Grades PreK and up... (in addition to all items listed above)*

- Teacher's Recommendation Form - See pages 8-10

*For New 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.



**Mazel Day School**  
 2901-15 Brighton 6<sup>th</sup> Street  
 60 West End Avenue  
 Brooklyn, NY 11235  
 Phone: 718-368-4490  
 Email: admissions@mazeldayschool.com

# APPLICATION FOR ADMISSION

**2018-2019 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 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:

**Please attach a recent photo of the applicant to the application.**

## Program Application {Tuition rates on page 6}

### PRESCHOOL DIVISION

**PRE-NURSERY** (DOB 12/2015 – 10/2016, child must be turning 2 by Oct)  Full Day

**NURSERY** (DOB 12/2014 – 11/2015, child must be turning 3 by Nov)  Half Day *(available only for Pre-Nursery)*

**PRE-K** (DOB 12/2013 – 11/2014, child must be turning 4 by Nov)

### LOWER SCHOOL DIVISION

**KINDERGARTEN** (DOB 12/2012 – 11/2013, child must be turning 5 by Nov)

**GRADE 1** (DOB 12/2011 – 11/2012)

**GRADE 2** (DOB 12/2010 – 11/2011)

**GRADE 3** (DOB 12/2009 – 11/2010)

**GRADE 4** (DOB 12/2008 – 11/2009)

### MIDDLE SCHOOL DIVISION

**GRADE 5** (DOB 12/2007 – 11/2008)

**GRADE 6** (DOB 12/2006 – 11/2007)

**GRADE 7** (DOB 12/2005 – 11/2006)

**GRADE 8** (DOB 12/2004 – 11/2005)\*

\* We typically do not accept applications for the 8<sup>th</sup> grade.

Transportation Busing (NYC Dept of Ed)



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## 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?



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## Sibling Information

Number of Siblings in Child's family: \_\_\_\_\_ Placement of Child in Family (youngest, oldest, etc.): \_\_\_\_\_

Sibling Name	Age	School Attending	Current Grade
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Does the Child have a sibling enrolled at Mazel Day School currently or in the past?

Name of Sibling who is a current / past Mazel Day School student? \_\_\_\_\_

## Previous School Experience

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

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

Phone Number: \_\_\_\_\_ Name of Principal: \_\_\_\_\_

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

Name of School	City	Grade/Age	Phone Number
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Please list all summer camps/programs previously attended:

Name of Summer Camp	City	Dates Attended	Phone Number
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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 hear about us?

How did you hear about our school?

Friend – Name: \_\_\_\_\_

Facebook

Internet Search

Relative – Name: \_\_\_\_\_

Instagram

Website



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Please indicate why you are interested in applying for admission to Mazel Day School. Why is your child a good candidate for our program?

Horizontal lines for writing an answer to the admission question.

Important to Know

Is there any medical information about your child that is important for the school to know? [ ]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:

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:

Horizontal lines for describing the child's personality, interests, and abilities.

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

Horizontal lines for describing educational expectations.



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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

Tuition assistance is available to qualifying families of students applying to Kindergarten through Grade 8. Do you wish to receive information about the Tuition Assistance program? [ ] Yes [ ] No
If Yes, Tuition Assistance application information will be sent to you. Please attend to these materials in a timely fashion. We may not be able to honor late application.

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

Please return the completed application form, including application fee\* of \$200 made payable to Mazel Day School by JANUARY 31ST (PRESCHOOL applicants); FEBRUARY 15TH (GRADES K-8 applicants) to:

Mazel Day School
ATT: ADMISSIONS
2901 Brighton 6th Street
Brooklyn, NY 11235
admissions@mazeldayschool.com

\*PLEASE NOTE: APPLICATION FEE WILL BE PROCESSED UPON CHILD'S ACCEPTANCE TO THE PROGRAM. Fee not required for UPK applicants.

FOR OFFICE USE ONLY

Form with checkboxes and fields for: \$200 Application Fee PAID, Date Submitted, Teacher Recommendation, and Transcripts and Records.



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## 2018-2019 Tuition Rates

*Note: Tuition is subject to an annual increase.*

### PRESCHOOL DIVISION

HOURS		SEPTEMBER TO JUNE
Application for Admission Fee <i>Payable upon submission of this form</i>		\$200
Parent Association Fee (includes fees for trips and special programs throughout school year)		\$150
Facilities Fee (for expenses related to maintenance and repairs of classrooms and play spaces)		\$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 <i>Available for Pre-Nursery only</i>	9 am – 12:45 pm	\$11,100 (\$1110 a month)
Part Extended Day Program	9 am – 4 pm + 1 extended care hour	\$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 <i>Payable upon submission of this form</i>		\$200
Book and Supplies Fee		Kindergarten: \$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	<i>Provided by third-party vendor</i>	
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

### MIDDLE SCHOOL (5-8) DIVISION

HOURS		SEPTEMBER TO JUNE
Application for Admission Fee <i>Payable upon submission of this form</i>		\$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)		\$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	<i>Provided by third-party vendor</i>	
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 After School</i>		FREE

**IMPORTANT - PLEASE NOTE:**

- 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.**
- Extended care is not available on Fridays or on early dismissal days.
- **Tuition assistance** is available to qualifying families of students in K 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 on the application to indicate that you are requesting tuition assistance. The School Office will forward all necessary forms to you with instructions and deadlines.





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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

Records should include:

- Current semester report card
• Report Cards of two prior school years
• Results of most recent Standardized Tests
• IEP or other relevant Educational Evaluations / Reports
• Record of any Disciplinary Actions or Behavior Modification Plans
• Samples of student work in math and writing
• Teacher Recommendation Form (see attached)

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)

**FOR PARENT** to complete:  
 Name of Student Applicant: \_\_\_\_\_  
*First Name* *Last Name*

Parent / Guardian Name: \_\_\_\_\_

Current Grade of Student Applicant: \_\_\_\_\_

Teacher recommendation must come directly from the school and will be treated as confidential.

**TO TEACHER:** 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

1. How long and in what capacity have you known the Student? \_\_\_\_\_  
 \_\_\_\_\_
2. Current class size : \_\_\_\_\_
3. How would you describe the Student’s overall personality? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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- 4. Please describe the Student's strengths:
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?

- 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:

Three horizontal lines for explanation.

10. Please describe level of parent involvement, cooperation, communication, etc.:

Two horizontal lines for description.

11. Are you aware of any special family or health circumstances relevant to this student?

Two horizontal lines for response.

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

Mazel Day School
ATT: ADMISSIONS
2901 Brighton 6th Street
Brooklyn, NY 11235