

Jewish Early Childhood Initiative of Greater Chattanooga and Jewish Right Start Program of Greater Chattanooga

The Jewish Early Childhood Initiative of Chattanooga provides a gift subsidy (non-financial based) to **eligible** children to attend Aleph Bet Children's Center in an effort to offset the cost of early Jewish Childhood Education. The gift voucher is possible through contributions from The Lebovitz Family Charitable Trust and individual donors.

Families may apply at any time after your child is accepted and enrolls at Aleph Bet Children's Center. Vouchers will be awarded if funding is available. Voucher amounts will be prorated based on the date the application is received and approved. Maximum lifetime family benefit is \$5,000.

The Jewish Right Start Program of Greater Chattanooga

The Jewish Right Start of Greater Chattanooga is a one-time incentive for Jewish families to engage in the Jewish community by sending their child to Aleph Bet Children's Center. Tuition reimbursement is based on the number of days per week a child is enrolled and is paid directly to Aleph Bet Children's Center. Eligible participants may combine the Jewish Right Start Program and Jewish Early Childhood Initiative gift vouchers.

Matching funding is provided by the National Jewish Right Start program, an initiative of the Jewish Federation of Metropolitan Chicago, made possible through the generosity of local donors.

Jewish Early Childhood Initiative Families eligible for the voucher must:

Have a child who is accepted and enrolls at Aleph Bet Children's Center.

Have at least one parent/guardian who identifies as Jewish.

Note: A parent/guardian who is in the conversion process will be eligible upon completion.

Reapply for the grant yearly (if desired).

Agree to respond to a yearly survey.

Jewish Right Start Program recipients must be:

The first sibling in the family to attend Jewish infant care, toddler care, or preschool.

A member of a family where at least one parent identifies as Jewish.

Enrolled in a Jewish infant care, toddler care, or preschool program for the first time.

Section I: Family Contact Information

**Up to three children's Jewish First Start requests per family may be submitted
on one application.**

Child's Name #1: *
First Name Last Name

Child's Birthdate #1: *
Month Day Year

Child's Gender #1: * Male Female

Child's Name #2:
First Name Last Name

Child's Birthdate #2:
Month Day Year

Child's Gender #2: Male Female

Child's Name #3:
First Name Last Name

Child's Birthdate #3:
Month Day Year

Child's Gender #3: Male Female

Home Address: *
Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Parent/Guardian #1: *
First Name Last Name

Relationship to Child: * Mother
 Father
 Guardian

Parent/Guardian #1 identifies as Jewish: * Yes
 No

E-mail: *

Preferred Phone Number: * -
Area Code Phone Number

Alternate Number: -
Area Code Phone Number

Parent/Guardian*2 (First, Last or n/a)

Parent/Guardian #2 Relationship to Child: * Mother
 Father
 Guardian
 N/A
 Other

Parent/Guardian #2 identifies as Jewish: * Yes
 No
 n/a
 Other

Parent/Guardian #2 Email or n/a *

Parent/Guardian #2 Preferred Phone Number or n/a: * -
Area Code Phone Number

Please list names and ages of other children in the family:

Section II: School Information

Number of days my child (#1) is enrolled at Aleph Bet Children's Center during the school year (August - May): *

- 2 days
- 3 days
- 5 days

My child (#1) will attend Aleph Bet Children's Center during the summer program (June-July): *

- 2 days
- 3 days
- 5 days
- None

Number of years your child (#1) has attended Aleph Bet Children's Center: *

- First year
- 2 years
- 3 years or more

My child (#1) attended another school before Aleph Bet Children's Center: *

- Yes
- No

Please list names of other schools attended and city:

Number of days my child (#2) is enrolled at Aleph Bet Children's Center during the school year (August - May):

- 2 days
- 3 days
- 5 days

My child (#2) will attend Aleph Bet Children's Center during the summer program (June-July):

- 2 days
- 3 days
- 5 days
- None

Number of years your child (#2) has attended Aleph Bet Children's Center:

- First year
- 2 years
- 3 years or more

My child (#2) attended another school before Aleph Bet Children's Center:

- Yes
- No

Please list names of other schools attended and city:

Number of days my child (#3) is enrolled at Aleph Bet Children's Center during the school year (August-May)

- 2 days
- 3 days
- 5 days

My child (#3) will attend Aleph Bet: Children's Center during the summer program (June-July)

- 2 days
- 3 days
- 5 days
- None

Number of years your child (#3) has attended Aleph Bet Children's Center:

- First year
- 2 years
- 3 years or more

My child (#3) attended another school before Aleph Bet Children's Center:

- Yes
- No

Please list names of other schools attended and city:

Section III: Involvement in Jewish Life

Your responses to the following questions will be used for evaluation purposes and to help us secure ongoing funding for the program; they will not impact your eligibility for the gift voucher.

Are you currently a member of a synagogue or temple? *

- Yes
- Mizpah Congregation
- B'nai Zion Congregation
- No
- Other

Are you involved with a local or national Jewish community organization (check all that apply)? *

- Hadassah
- Chabad of Chattanooga
- Chattanooga Sister Cities
- AIPAC
- Jewish Federation of Greater Chattanooga
- Chattanooga Jewish Congregational Religious School
- Other

Is your child enrolled in PJ Library? *

- Yes
- No

Is your child enrolled in Sifriyat Pijama B'America? *

- Yes
- No

Has your family attended a PJ Library or Sifriyat Pijama B'America program within the past year? *

- Yes
- No

Has your family attended a Jewish Federation program within the past year? *

- Yes
- No

Do you celebrate Shabbat at home (check all that apply)? *

- Eat together as a family
- Attend synagogue/temple
- Light candles
- Say hamotzi or kiddush
- Bless your children
- Other

We celebrate/observe the following holidays/festivals (check all that apply): *

- Chanukah
- Sukkot
- Rosh Hashanah
- Yom Kippur
- Tu B'Shevat
- Yom Ha'atzmaut
- Yom Hazikaron
- Yom Hashoah
- Passover
- Simchat Torah
- Shemini Atzeret
- Tisha B'Av
- Tu B'Av
- Shavuot
- Purim
- Lag B'Omer
- Other

We use Hebrew language at home: *

- Read stories in Hebrew
- Speak Hebrew
- Say a few words in Hebrew
- Recite blessings
- Other

Has a member of your family been to Israel? *

- Yes
- No

How connected do you feel to the Chattanooga Jewish community? *

- Least connected-1
- 2
- 3
- 4
- Very connected-5

Section IV: Factors Influencing Your Decision to Send your Child to a Jewish preschool

How influential were the following factors in your decision to send your child to a Jewish preschool?

Wanted a Jewish preschool? *

- Very much
- Somewhat
- Not at all

Proximity to where I live? *

- Very
- Somewhat
- Not at all

The availability of the Jewish Early Childhood gift voucher? *

- Very
- Somewhat
- Not at all

The amount of the Jewish Early Childhood gift voucher? *

- Very
- Somewhat
- Not at all

Hours of Aleph Bet? *

- Very
- Somewhat
- Not at all

Wanted my child to be with other Jewish children? *

- Very
- Somewhat
- Not at all

Program is a good fit for my child? *	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
---------------------------------------	---

Other:	<input type="text"/>
--------	----------------------

How did you hear about the Jewish Early Childhood gift voucher program? *	<input type="checkbox"/> Shofar <input type="checkbox"/> My synagogue or temple <input type="checkbox"/> A community organization <input type="checkbox"/> A friend <input type="checkbox"/> Facebook <input type="checkbox"/> Aleph Bet Children's Center <input type="checkbox"/> Jewish Federation Event <input type="checkbox"/> PJ Library or Sifriyat Pijama B'America <input type="checkbox"/> CJCRS <input type="checkbox"/> Flyer <input type="checkbox"/> Other <input type="text"/>
---	--

Section V: Gift Voucher

Amount requested (if your child attends fewer or more days during the summer, the gift voucher amount will be adjusted accordingly): *	<input type="checkbox"/> 2 day-\$360 a year (\$30 a month) <input type="checkbox"/> 3 day-\$600 a year (\$50 a month) <input type="checkbox"/> 5 day-\$1200 a year (\$100 a month) <input type="checkbox"/> Other (see below)
--	--

Click to edit	<input type="text" value=""/>
---------------	-------------------------------

I would like to receive a different amount than listed above (must be a lower amount) : \$	<input type="text"/>
--	----------------------

One of my children is eligible for a one-time Jewish Right Start Matching Gift *	<input type="text" value=""/>
--	-------------------------------

I pledge the following to be true:

- This child is the first sibling in the family to attend Jewish infant care, toddler care, or preschool.
- A member of a family where at least one parent identifies as Jewish.
- This child is enrolled in a Jewish infant care, toddler care, or preschool program for the first time.

All applicants to the Jewish Early Childhood Initiative (and Jewish Right Start Program) will receive a letter informing you of your eligibility for this program. Applications will be reviewed by the Director of Aleph Bet Children's Center and a minimum of two committee members. The committee has the right to approve or deny a request and/or to verify responses. For questions, please contact Vicki Cathcart, Director of Aleph Bet Children's Center, at 423.893.5486 or alephbet@jewishchattanooga.com

I understand that voucher dividends will be paid directly to Aleph Bet Children's Center on a monthly basis. The voucher will not be applied to outstanding debt and is payable towards current tuition only. My account must be in good standing to receive the gift voucher. If my child withdraws from Aleph Bet Children's Center, the voucher is forfeited.

I have read and understand the eligibility requirements. I attest that the responses submitted are accurate.

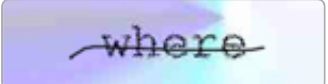
Signed:


<input type="text"/>	<input type="text"/>
First Name	Last Name

Date and Time submitted:

<input type="text" value="06"/>	<input type="text" value="30"/>	<input type="text" value="2015"/>	at	<input type="text" value="2"/>	:	<input type="text" value="20"/>	<input type="text" value="PM"/>	
Month	Day	Year		Hour		Minutes		

Enter the message as it's shown *





If you would like a copy for your records, please hit the print form button before submitting application.