



Hebrew School & Bar/Bat Mitzvah School

HEBREW SCHOOL REGISTRATION for 2016-2017

We have the following information on record for your child(ren). Please read this form carefully and make any necessary corrections in the spaces provided. Thank you for your cooperation.

STUDENT INFORMATION

LAST NAME: _____ **ADDRESS:** _____
FIRST NAME: _____
HEBREW NAME: _____
DATE OF BIRTH: _____
GRADE IN 2016-17: _____ **HOME PHONE:** _____
DISTRICT/SCHOOL: _____

FIRST NAME: _____
HEBREW NAME: _____
DATE OF BIRTH: _____
GRADE IN 2016-17: _____
DISTRICT/SCHOOL: _____

FIRST NAME: _____ **CHILD(REN) RESIDE WITH:**
HEBREW NAME: _____ **BOTH PARENTS**
DATE OF BIRTH: _____ **MOTHER** **FATHER**
GRADE IN 2016-17: _____
DISTRICT/SCHOOL: _____

ANY ADDITIONS/CORRECTIONS?

PARENT INFORMATION

MOTHER'S NAME

FATHER'S NAME

ADDRESS & HOME PHONE
 ___ Same as above

ADDRESS & HOME PHONE
 ___ Same as above

WORK PHONE

WORK PHONE

CELL PHONE (required)

CELL PHONE (required)

E-MAIL (required)

E-MAIL (required)

HEBREW SCHOOL REGISTRATION for 2016-2017

TUITION PER CHILD:

Rishonim/Nursery	1-Day per week:	\$710
Pre-K/K	1-Day per week:	\$710
Grades 1-7	1-Day per week:	\$710
Grades 1-7	2-Days per week:	\$825
Snack Fee per child:		\$20
Security Fee per child:		\$50



FAMILY NAME: _____

FIRST NAME: _____

Fees: \$ _____

FIRST NAME: _____

Fees: \$ _____

FIRST NAME: _____

Fees: \$ _____

PROGRAM CHOICES:

Select from the following options:

Hebrew School:

One-Day per week _____
(Pre-K through 7)
 Sunday Only; 8:45-11:30AM

Two-Days per week _____
(Grades 1-7 only)
 Sunday; 8:45-11:30 AM
 Wednesday; 4:00-6:00 PM

Payment Information:

\$200 per student deposit due 7/30/16
 Full payment required by 8/31/16
 \$75 Early payment discount for *full payment by July 30th*.

PAYMENT DUE:

Hebrew School Fees: \$ _____
 Snack Fee: \$ _____
 Security Fee: \$ _____
 TOTAL DUE: \$ _____

ADDITIONAL BACKGROUND INFORMATION:

Is the natural mother Jewish? YES NO

Use this space to let us know about *any* additional information that may help us facilitate your child's Jewish education.

 (Please attach copies of **IEP Assessments/504 Accommodations**, if applicable.)

MEDICAL CONDITIONS:

EMERGENCY CONTACT INFORMATION:

_____ NAME	_____ RELATIONSHIP	_____ HOME PHONE	_____ CELL PHONE
_____ NAME	_____ RELATIONSHIP	_____ HOME PHONE	_____ CELL PHONE

PARENT SIGNATURE: _____ **PAYMENT INCLUDED: \$** _____

MEDICAL EMERGENCY PERMISSION FORM

Dear Parent/Guardian,

Please read the following information carefully, sign and return along with your completed Religious School registration application.

In the event of a medical emergency, the following procedure will be followed:

- Time and circumstances permitting, the parent or guardian will be called prior to taking the student to a doctor or hospital.
- In the event the parent or guardian cannot be reached, school personnel are authorized to obtain medical assistance for the student pursuant to the authority set forth below.
- In the event of an emergency, school personnel are authorized to attend to the immediate safety of the student prior to notifying the parent pursuant to the authority set forth below.

I hereby give permission for the school to sign any consent which may be necessary to allow hospital personnel and/or licensed personnel to examine my child and perform any emergency procedures or emergency treatment which may be necessary. In providing this consent, I acknowledge that the Congregation Gesher Shalom Religious School is not in any way responsible and will incur no liability for the actions of hospital, emergency ambulance and/or medical personnel, and as such I indemnify, hold harmless and waive any right of legal action against the Congregation Gesher Shalom Religious School and it's representatives for the actions of said personnel.

Are there any medical or dietary concerns or limitations to your child's full participation in any school program?

EMERGENCY INFORMATION:

Family Name: _____

Student(s) Name(s): _____

Parent/Guardian Name(s): _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Mother (cell): _____ Father (cell): _____

Emergency Contact Name: _____

Phone: _____

Student's Physician: _____ Office Phone: _____

Insurance Carrier: _____ Policy Number: _____

I understand and agree to all of the above.

Parent/Guardian Signature

Date

2016-2017

DIRECTORY PERMISSION

Family Name: _____

Student(s) Name(s): _____

I give permission for my family's contact information including parent's name(s), child(ren)'s name(s) and grades, address, parent email address, and home phone number, to be included in the Hebrew School directory which will be distributed to parents and teachers in the school.

Yes No

PERMISSION FOR USE OF PHOTOGRAPHS

I hereby grant permission to Congregation Gesher Shalom to use photographs and/or videos of me, or my son(s)/daughter(s) listed above, and to use them in original or modified form in all media* now or hereafter known, with or without my name and the first names and first initial of the last names of the child(ren) named above, for the promotion, public education, and/or fundraising activities of Congregation Gesher Shalom/ The JCC of Fort Lee.

* **Media:** Messenger, School E-News, and Synagogue Bulletin Boards/Flyers, Synagogue's website, Facebook, Twitter, newspapers, advertisements and promotional materials.

Yes No

UNIVERSAL PERMISSION

I grant permission for my son(s)/daughter(s) listed above to participate fully in all activities of the Congregation Gesher Shalom Hebrew School for the 2016-2017 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent carpools, school buses, or walking and that I will be informed beforehand of all such trips.

I hereby empower the Congregation Gesher Shalom's designated staff person to act for me in accordance with his/her best judgment in case of an emergency and have submitted a signed medical emergency permission form to the Hebrew School office.

Yes No

Signature of Parent or Legal Guardian _____

Printed name of Parent or Legal Guardian _____

Date: _____