



**HEBREW SCHOOL REGISTRATION for 2018-2019**

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 & PHONE:**

FIRST NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE IN 2018-19: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE IN 2018-19: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE IN 2018-19: \_\_\_\_\_

CHILD(REN) RESIDE WITH:  
 BOTH PARENTS   
 MOTHER  FATHER

**PARENT INFORMATION**

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS & HOME PHONE \_\_\_\_\_ 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 2018-2019

## TUITION PER CHILD:

Rishonim/Nursery	1-Day per week:	\$900
Pre-K/K	1-Day per week:	\$900
Grades 1-7	1-Day per week:	\$900
Grades 1-7	2-Days per week:	\$975
Snack Fee per child:		\$20
Security Fee per child:		\$50



**FAMILY NAME:** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Fees: \$ _____
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FIRST NAME: \_\_\_\_\_

Fees: \$ _____
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FIRST NAME: \_\_\_\_\_

Fees: \$ _____
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### 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  
 Tuesday; 4:00-6:00 PM

## **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

### Payment Information:

\$200 per student deposit due 8/15/18

Full payment required by 9/15/18

\$75 Early payment discount for *full payment by August 15<sup>th</sup>*.

### PAYMENT DUE:

Hebrew School Fees: \$ \_\_\_\_\_

Snack Fee: \$ \_\_\_\_\_

Security Fee: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**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 Geshher 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 Geshher 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

### 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: \_\_\_\_\_