Congregation Sheiris Israel

FOR OFFICE USE

405 81st Street Brooklyn, New York 11209

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office@brjc.org / www.brjc.org

Hebrew School Registration

2018-19 / 5778-5779

September 26, 2018- June 5, 2019

FAMILY INFORMATION:

|  |  |  |
| --- | --- | --- |
|  | PARENT/GUARDIAN #1 | PARENT/GUARDIAN #2 |
| Last Name:  First Name: |  |  |
| Title: | □ Ms. □ Mrs. □ Mr. □ Other \_\_\_\_ | □ Ms. □ Mrs. □ Mr. □ Other \_\_\_\_ |
| Personal Status: | □ Partnered/Married □ Single | □ Partnered/Married □ Single |
| Occupation: |  |  |
| Home Address, Apt. #: |  |  |
| City, State, Zip: |  |  |
| Home Phone #: |  |  |
| Work Phone #: |  |  |
| Cell Phone #: |  |  |
| Email Addresses:  *(where you want to receive information about Hebrew School)* |  |  |
| Preferred contact parent: |  |  |
| Preferred contact method: | □ email □ home phone  □ cell phone □ work phone  □ text msg □ mail | □ email □ home phone  □ cell phone □ work phone  □ text msg □ mail |
| Do you use Facebook? If so, under what name? |  |  |
| Do you use Twitter?  If so, under what name? |  |  |

STUDENT INFORMATION:

All information provided below will be held in confidence. It is imperative that we know your child(ren)’s strengths and challenges so that we can provide a high quality educational experience that meets your child(ren)’s needs. Information will be shared with appropriate staff and faculty as necessary.

|  |  |  |
| --- | --- | --- |
|  | **STUDENT #1 (OLDEST)** | **STUDENT #2** |
| **Last Name:**  **First Name:** |  |  |
| **Hebrew Name:  (or transliteration)** |  |  |
| **Gender:** |  |  |
| **Date of Birth: *(MM/DD/YY)*** |  |  |
| **Age of Child  as of September 2018:** |  |  |
| **Grade in September 2018:** |  |  |
| **School:** |  |  |
| **Medications:** *(attach additional information if necessary)* | □ No  □ Yes (Please List) | □ No  □ Yes (Please List) |
| **Allergies:** *(attach additional information if necessary)* | □ No  □ Yes (Please List) | □ No  □ Yes (Please List) |
| **Emergency procedure if allergic reaction** |  |  |
| **Auditory/vision challenges** | □ Hearing Difficulty  □ Difficulty understanding and processing information | □ Hearing Difficulty  □ Difficulty understanding and processing information |
| **Attention challenges** | □ ADD/ADHD  □ Easily distracted  □ Has a tendency to be overactive | □ ADD/ADHD  □ Easily distracted  □ Has a tendency to be overactive |
| **Emotional challenges** | □ Especially sensitive  □ Difficulty interacting with peers  □ Difficulty interacting with adults | □ Especially sensitive  □ Difficulty interacting with peers  □ Difficulty interacting with adults |
| **Please describe your child’s learning style** |  |  |

EMERGENCY INFORMATION

Our primary concern is for your child(ren)’s safety. Please list below two local emergency contacts if you are unavailable or unreachable.

|  |  |  |
| --- | --- | --- |
|  | EMERGENCY CONTACT #1  (LOCAL) | EMERGENCY CONTACT #2 (LOCAL) |
| Name (Print First and Last) |  |  |
| Relationship to child(ren) |  |  |
| Home Phone # |  |  |
| Work Phone # |  |  |
| Cell Phone # |  |  |

Please list below the names of 2 people who have permission to pick up your child(ren) from Hebrew School.

|  |  |  |
| --- | --- | --- |
|  | PICKUP PERSON #1 | PICKUP PERSON #2 |
| Name (Print First and Last) |  |  |
| Relationship to child(ren) |  |  |
| Home Phone # |  |  |
| Work Phone # |  |  |
| Cell Phone # |  |  |

Bay Ridge Jewish Center has my permission to handle medical emergencies as deemed necessary.

Family Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

My child(ren) have permission to walk home alone.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

WAIVERS AND FORMS:

|  |  |
| --- | --- |
| STUDENT PHOTO / INFORMATION RELEASE | |
| □ Yes  □ No | My child/children’s **name**(s) and contact information may appear on the Hebrew school roster (to be shared with other Hebrew School families), website or other printed/electronic material created by the synagogue. |
| □ Yes  □ No | My child/children’s **picture** (without a name(s) attached) may appear on the website or other printed/electronic material created by the synagogue. |

PARENT PARTICIPATION FORM

Jewish education is a partnership between the families and the synagogue. Both are vital components in a successful program. Throughout the year we rely on you for help in the classroom and at special events, to serve on our education committee, and to share your skills and talents.

|  |
| --- |
| □ I would like to be a ROOM PARENT. A Room Parent keeps in contact with his/her child’s teacher and assists the teacher with special projects and events. You may help organize a special event or find other parents to volunteer on particular days (such as latke making.)  **□** I have a SKILL/TALENT that I would be happy to share with the Hebrew School.  For example: I have recently visited Israel and would be willing to talk to my child(ren)’s class  □ Graphic Design  □ Social Media  □ I play a musical instrument  □ I love to cook and would be willing to assist a teacher in a cooking project  □ I am artistic  □ Another talent I could share is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sending my child to Hebrew School will automatically include both parents in the Hebrew School Parents’ Association. Please send information to the email address listed below.  All Hebrew School families are required to take a leadership role for at least one event. Please indicate your top 3 choices:  □ 3rd Ave. St. Festival Table □ Sukkot – Pizza in the Hut  □ Hanukkah Party □ Tu B’Shvat/Chesed Activity  □ Hanukkah Toy Drive □ Purim Party/Megillah Reading   □ Hebrew School Passover Experience □ Purim Play  □ Yom Ha ‘Shoah Commemoration □ Stepping Up Ceremony   (Holocaust Remembrance Day) □ 3rd Ave. Strolls  □ Coordinator of Family Shabbat   Service/Dinner Hosts  Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

TUITION AND FEES:

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| --- |
| Member Tuition: $1000 per year, per child + $100 Material Fee \*  Non-Member Tuition: $1,600 per year, per child + $100 Material Fee \*  Number of children \_\_\_\_\_ x Tuition + Material Fee = Total Due: \_\_\_\_\_\_\_  **\*Early Bird Discount -** $100 off the registration fee per child if registration and first payment received by July 31, 2018  \*\* Registration forms and first payment MUST be received to attend the first class session.  Method of Payment  □ Check (*made payable to Bay Ridge Jewish Center*)  □ Visa/Mastercard/AMEX  Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exp. Date \_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_**  **Note: If you prefer to make monthly payments on your credit card, please sign up on our website: www.brjc.org/Hebrew-school. *First payment must be completed by September 12, 2018***  □ I have signed up for monthly payments  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Parent Signature Date** |