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**BAY RIDGE JEWISH CENTER**

**Congregation Sheiris Israel**

405 81st Street Brooklyn, New York 11209

Phone: 718-836-3103 / Fax: 718-745-4365

office@brjc.org / www.brjc.org

Hebrew School

New Student Registration

5782 School Year: October 5th 2021 through May 31st 2022

Tuesdays, 4-6 PM

Please use one form per student. If your child has previously attended, please fill out our Returning Student registration form for less paperwork.

**New Student**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to Text? (Yes/No)

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ We send weekly announcements.

**Parent/Guardian #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to Text? (Yes/No)

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ We send weekly announcements.

Medical: Please describe any conditions, medications, or allergies that we should be aware of. If medical attention is needed, please provide your preferred plan.

Attention/Emotional: Please describe any challenges your child has with paying attention (e.g. ADHD) or interacting with other students (e.g. sensitivity).

**Emergency Contact #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions**

Who can pick up your child from Hebrew School?

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

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

My child’s name may appear on the Hebrew School’s roster, website, or other printed/electronic material created by the synagogue. (Yes/No)

My child’s picture (without a name attached) may appear on BRJC’s website or other printed/electronic material created by the synagogue. (Yes/No)

**Emergencies**

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

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Other Comments**

Is there any other information you’d like us to know?

**Tuition**

\* Member’s Tuition: $1,100 per year per student

\* Non-Member’s Tuition: $1,700 per year per student

In case of financial hardship or to arrange a payment plan, please contact Diane Sokol: [president@brjc.org](mailto:president@brjc.org).

**Methods of Payment:**

* Online: <https://bayridgejewishcenter.shulcloud.com/> Click Donate, set the Type to “Hebrew School Tuition”, and specify the amount. Payment plans may be set up using the “Pay this amount” menu.
* Check: Please make a check payable to **Bay Ridge Jewish Center**.
* Credit Card (Visa/Mastercard/American Express). Please note there is a 3% processing fee for credit cards.
  + - * Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      * Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      * Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_

Thank you for enrolling in BRJC’s Hebrew School! We are glad that your child and family will be a part of our community this year. If you have any questions, please reach out by e-mail: [hebrewschool@brjc.org](mailto:hebrewschool@brjc.org).