

YAHAD Religious School
2019-2020 REGISTRATION

SYNAGOGUE: B'nai Jacob

PLEASE COMPLETE BOTH PAGES OF THIS FORM

and return to the B'nai Jacob office,
75 Rimmon Road, Woodbridge, CT 06525

CHILD'S NAME _____
(Last) (First) (Hebrew)

Birth date _____ **Gender** _____ **GRADE:** _____

SECULAR SCHOOL: _____ **Will ride the**
Beecher Bus (fee for bus \$252.) _____ **Y / N**
(Grades 3-6)

HOME ADDRESS : _____ **HOME**
(Street) (City & Zip Code) **PHONE** _____

PARENT(S):

1. NAME _____ **CELL PHONE:** _____

2. NAME _____ **CELL PHONE:** _____

For security purposes please provide the make, model, and license plate of the primary car(s) used to pick up your child:

EMAIL

This is our **primary mode of communication** with parents, including weekly emails about the school, reminders and special programs.

1. _____

2. _____

Tuition for preschool (*Gan Haya'eled Sundays*) is FREE

Tuition for lower school (grades K - 2) is \$600.00. Payable: \$200 with registration; balance by December 1

Tuition for upper school (grades 3 - 7) is \$860.00. Payable: \$300 with registration; balance by December 1

Note: Tuition can be paid online by credit card, through the B'nai Jacob website, www.bnaijacob.org. Look for a link to YAHAD on home page. Please indicate this method in box below. For any further tuition information, questions, online payment help, or if you wish to set up an alternative payment schedule to the one above, please contact bookkeeper, Shika Garge 389-2111 x204.

THIS REGISTRATION WILL NOT BE PROCESSED WITHOUT INITIAL PAYMENT

Make checks payable to 'Congregation B'nai Jacob'

I paid tuition paid online, in the amount of \$_____.

EMERGENCY INFORMATION – RELEASE FORM

Child's Name _____ Date of Birth _____
(PLEASE PRINT)

Parents will be called in the case of an emergency: Please list, in the order you wish to be contacted,

1. Name: _____ Phone #s: _____
Cell Home/Work
2. Name: _____ Phone #s: _____
Cell Home/Work

Child's Physician _____ Phone _____

I give permission to B'nai Jacob Religious School to take reasonable action it feels necessary on behalf of my child, if he/she should require medical attention. (Except in emergencies, B'nai Jacob will attempt to contact a parent at the above numbers prior to action.) I understand that in the case of a medical emergency, my child will be transported by the local emergency personnel (police, rescue squad, etc.), to the medical facility it deems necessary, with a staff member present, or by ambulance with a staff member in attendance, as the situation requires.

I understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parents' behalf.

DATE

SIGNATURE OF PARENT OR GUARDIAN

To ensure a successful learning experience for each child, our school employs a teaching specialist who provides support for children with special needs, **specifically in Hebrew reading**. If your child receives special services in school (and has an IEP), has been diagnosed with ADD or AD/HD, or if you think he or she may benefit by working with this special teacher due to other concerns, please describe your child's needs and we will contact you to discuss it further.

Please list any allergies or medical conditions.

Please provide any information about your child regarding learning, social, or behavioral issues that will help us offer the best possible school experience.

_____ Yes, I give permission for YAHAD to use pictures of my child for internal use (website, bulletin boards, e-mail, etc).