

Hebrew Congregation of Somers Hebrew School Student Registration 2019-20 due 9.27.19

mail with check for tuition to: Hebrew Congregation of Somers; PO Box 40; Shenorock, NY 10587 attention Jill Liflander

Complete for each child. We **do not** need any forms from your pediatrician - please do not send!

Student's LAST Name		Student's First Name		Date of Birth	M/F/O	Grade 9/19	School District
Check grade	Name	grades	Schedule			Tuition *	
	Gan-Aleph	K-1	Sundays: 9am-12pm			\$650	
	Bet	2-3	Sundays: 9am-12pm			\$650	
	Gimmel	4	Sundays: 9am-12pm			\$650	
	Dalet	5-6	Sundays: 9am-12pm and Tuesdays 4:15-6:15pm			\$750	
	Hey	7	Sundays: 9am-12pm and Tuesdays 4:15-6:15pm			\$750	
	Youth Group	8-12	Sundays: 9am – 12 noon			\$500	

* \$50 discount for each additional child

Emergency Contact/Permission to Pick up In the event of an emergency, we will try first to contact parent(s), so please do **not** enter your own name(s). If one parent is not a member, list their contact information below if appropriate. If you have more than one child, contact names must be the same for each child in the family. If already listed on first child's form check here and skip the first two lines below.

<i>list someone other than yourselves</i>	name	phone(s)	relationship
emergency/pickup contact for family			
additional emergency/pickup contact			

current allergies (list here)

allergy severity – check all that apply. You **must** bring in any checked medications along with administration instructions by the first day of school.

- () mild (no medication provided to school)
- () not severe: may need Benadryl or _____. Medication and instructions provided to school
- () severe – epipen/auvi-q and instructions provided to school.
- () my child may not eat or drink anything other than food sent by us or water and _____ juice(s)
- () my child knows what s/he may eat or drink and may eat food provided by school

current medications:

If your child has any physical, medical, learning, social or behavioral needs that we should be aware of, please enter them here. It is helpful for us to know what strategies work for behavior and learning in a classroom setting. We appreciate this information and will keep it confidential. If your child has an IEP or 504 Plan at school, please consider sharing it with us so that we can meet their needs. Attach separate sheet if needed.

Would you like us to contact you to arrange a confidential meeting to discuss any areas of concern prior to the start of the religious school year? yes no best contact # or email:

In an emergency, the staff of Hebrew Congregation of Somers(HCS) has my permission to contact "911" and request the assistance of a rescue squad. HCS and the rescue squad have my permission to take my child to the emergency room of the nearest hospital. The rescue squad, hospital and its staff have my authorization to provide treatment necessary for the well-being of my child .

Hebrew Congregation of Somers may photograph my child for anonymous (unlabeled) use in publicity, publications and/or website unless I have notified the Temple otherwise.

Signature of Parent

Date