



Kulanu at Orangetown Jewish Center

Rabbi Craig Scheff

Rabbi Paula Mack Drill

Rabbi Ami Hersh

Michael Pucci, President



Student Last Name _____

REGISTRATION FORM 2019-2020

- Kulanu STUDENT REGISTRATION FORM 2019-2020
- Please fill out BOTH sides of BOTH pages.
- Please note that a \$150 deposit for tuition and supplies must be included with this form. (excluding kindergarten)

Parent Information:

	<u>Parent #1</u>	<u>Parent #2</u>
Name		
Address (If parent address is the same, only list once)		
Primary Email Address		
Cell Phone Number		

Student Information:

	<u>Child #1</u>	<u>Child #2</u>	<u>Child #3</u>
Student name:			
Student Grade 2019-2020			
Birthdate			
Hebrew Name			
Name of Secular School			

Pick Up Information: (The following listed names have permission to pick-up student/s)

	<u>Pick up #1</u>	<u>Pick up #2</u>	<u>Pick up #3</u>
Name			
Relationship			
Phone #			

Parent Signature _____ Date _____



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Consents: (Please check **all** consents you approve.)

If you wish to rescind this agreement, you may do so at any time in writing to the Educational Director and rescission will take effect upon receipt by the school.

- I GRANT permission for a photo/image of this student to be published in the newspaper and on the school or synagogue website. (This **may** include personally identifiable information such as student name.)
- I GRANT permission for my child to participate in OJC Kulanu trips during this school year. I, the undersigned, on behalf of myself and my child, hereby expressly release and discharge teachers, employees and members of the Orangetown Jewish Center from any and all causes of actions, claims, damages and other liabilities.
- I GRANT permission for my name, address, phone number and email to be printed in the school directory/class list.

Medical and Emergency Information: (please use child's name to specify who you are writing about)

Please fill out the below information for all students you will be registering for the 2019/2020 school year. Does your child(ren) have any allergies or other health concerns of which we should be aware?

Is your child(ren) taking any medications regularly? If so, please indicate.

Does your child(ren) have any special learning needs or receive any support services in or out of school? If so, please indicate:

Are there any special family situations of which you would like us to be aware?

Is there anything else you would like us to know about your child(ren)?

Please list two emergency contacts.

Note: in the event of an emergency, those listed below will only be contacted in the event that a primary caregiver cannot be reached.

Name _____ mobile number _____

Name _____ mobile number _____

Parent Signature _____ Date _____



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Kulanu Schedule

Please **circle** any grades for which you are registering a child:

Grades K-2

includes one day of instruction, monthly Family programming, tuition and supplies

Grades 3-7

includes two days of instruction, monthly Family programming, tuition and supplies
Synagogue membership dues required.

		Flex Day (Pick Thursday or Sunday for first ten week session; you will be able to choose different Flex Days for the second and third session.)	
K-2	Tuesday 4:15-6:15	Sunday (monthly Family Programming)	
3rd grade	Tuesday 4:15-6:15	Thursday 4:15-6:15	Sunday 9:30-11:30
4th grade	Tuesday 4:15-6:15	Thursday 4:15-6:15	Sunday 9:30-11:30
5th grade	Tuesday 4:15-6:15	Thursday 4:15-6:15	Sunday 9:30-11:30
6th grade	Tuesday 4:15-6:15	Thursday 4:15-6:15	Sunday 9:30-11:30
7th grade	Tuesday 4:15-6:15	Thursday 4:15-6:15	Sunday 9:30-11:30

Kulanu Registration Fees

	Received by June 4, 2019	Received after June 4, 2019	Non-Member Fee
Kindergarten	FREE	FREE	FREE
1st Grade	\$575/student	\$675/student	\$775/student
2nd Grade	\$575/student	\$675/student	Membership required
3rd - 7th	\$900/student	\$1,000/student	Membership required

Parent Signature _____

Date _____