

Kehillah High Registration Packet 2019-2020 | 5779-5780

Registration forms and payment should be returned to the congregation.

If you have any questions, please contact Rabbi Aviva Fellman at (508) 756-6204 or Rabbi Valerie Cohen at (508) 755-1257 or Jewish Federation at (508) 756-1543.



Name: _____
[first] [last]

General Family Information

Please fill out all sections that apply to your family:

Parent’s / Guardian’s Name (and relationship to child) _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____ / _____

Parent’s / Guardian’s Name (and relationship to child) _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address(es) _____ / _____

Please indicate synagogue affiliation: _____

Is there specific information about your child’s home situation that might affect his/her attitude, performance or behavior? This includes divorce, illness in the family, death of a close relative, religious differences in the family or social concerns.

General Medical Information

Family Physician’s Name _____

Address _____ Phone _____

Medical Insurance Company _____ Policy No. _____

Alternative Physician’s Name _____ Phone _____

Dentist's Name _____ Phone _____

Emergency contact person to be called in the event that the parent(s) / guardian(s) cannot be reached:

Name _____ Phone _____

(Be sure this person knows that you have put their name on this form!)

Please place a check mark on the line next to the over-the-counter pain reliever that may be administered to your child during religious school. These medications may only be dispensed for the following reasons: headache, burns, earache, muscle aches, or pain, OR place a check mark on the line specifying that you wish for NONE of these medications to be administered to your child in school.

Please make the following medication available to my child:

___ Advil ___ Motrin ___ Tylenol ___ I do not want any medication given to my child in school

Parent's Signature / Date

In the event I cannot be reached in an emergency, I hereby authorize the physician selected by the WCHHS to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my children.

Parent's Signature / Date

Photo and Media Release

I hereby give permission for photos of my child(ren) to be used in print or electronically for publicity purposes.

Student #1: _____

Student #2: _____

PLEASE PRINT – Parent's / Guardian's Name

SIGNATURE – Parent's / Guardian's

Date

Field Trip Permission

I hereby give my child(ren) permission to participate in any field trips that are organized for his/her/their grade(s) during the 2018/2019 school year.

Student #1: _____

Student #2: _____

I understand that, unless I receive specific written notice of school-provided transportation, transportation for field trips will be furnished by parent volunteers, and I give permission for my child(ren) to be transported to and from such field trips in this manner.

PLEASE PRINT – Parent's / Guardian's Name

SIGNATURE – Parent's / Guardian's

Date

Carpool

Please keep us apprised of any changes, in the below, during the school year.

Please list designated persons with whom your child(ren) may go home and/or drivers for your child(ren), their relationship to them and their contact numbers:

Names of students in your child(ren)'s carpool:

Please use a separate form for each student you are registering!

Student Specific Individual Information

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Hebrew Name: _____ Date of Birth: _____
(Month/Day/Year)

Name of Secular School: _____ Town: _____

School Phone Number: _____ Grade (as of September 2019): _____

If the above child attends/ed a Jewish day or residential camp, please let us know the name of the camp and the sessions attended:

Student Specific Medical Information

Date of most recent tetanus booster _____

Use the space below to list any physical, emotional, or medical issues (including food allergies, special dietary instructions - lactose intolerance, allergy to nuts, diabetic, etc.), and/or special learning needs of which you would like the school to be aware. Please inform us if your child is taking any medication and the dosage, etc. Please inform us if your child experiences reading or learning difficulties that might affect his/her performance, participation or enjoyment in religious school? Be as specific as possible. We ask that you apprise us of any special learning accommodations your child has or any educational evaluations that have been done. You are encouraged to set up an appointment to discuss these or other issues with the director and/or your child's teacher. This information will remain strictly confidential.

1 _____

2 _____

3 _____

To the best of my knowledge, the above information is correct.

Parent's Signature / Date

Please use a separate form for each student you are registering!

Student Specific Individual Information

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Hebrew Name: _____ Date of Birth: _____
(Month/Day/Year)

Name of Secular School: _____ Town: _____

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1 _____

2 _____

3 _____

To the best of my knowledge, the above information is correct.

_____ Parent's Signature / Date

Payment

Please include your check or credit card information with this registration.

Tuition may be remitted in one payment or two equal installments by credit card or check. Please make checks payable to the congregation offering the program you are enrolling in for the fall semester.

50% OF TUITION MUST BE PAID BY THE START OF SCHOOL. ALL SCHOOL FEES MUST BE PAID IN FULL BY DECEMBER 1, 2019.

Families affiliated with a participating congregation:

Cost: \$350 for Synagogue Members (ask your congregation about available subsidies) / \$550 for Unaffiliated families.

Families affiliated with a participating congregation seeking financial assistance should contact their synagogue's business office.

_____ Please check if you request financial assistance.

Number of Students _____ at \$350.00 = \$ _____

Total Amount Enclosed /To Be Charged: \$ _____

PAYMENT OPTIONS:

Please indicate your choice. Invoices will not be sent for tuition.

(A) One Time – Full Amount

(B) Two Equal Installments (Aug 31 and Dec 1)

Payment Option: (A) _____ (B) _____

Visa/Mastercard/AMEX: # _____ Expiration Date: _____ Security Code: _____

Name on card _____

Signature _____

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