

SHJC Religious School 2018-2019 Student Enrollment Form

Received:

By:

All returning students with no information changes please complete the first line and check the returning student box.

New students enrolling need to complete the Enrollment and Confidential Family Information forms.

Returning Student

Student's Last Name _____ First _____ Middle _____

Date of Birth _____ Hebrew Name _____

Home Address _____

Public School Attended _____ School Grade as of Sept 2018 _____

Are you a new member of SHJC as of 2018-19? ___Yes ___No Are you interested in being a class parent? ___Yes ___No

Legal Guardian 1 _____ **Best Phone # to call is:** _____

Home # _____ Cell # _____

Email _____ Work # _____

Legal Guardian 2 _____ **Best Phone # to call is:** _____

Home # _____ Cell # _____

Email _____ Work # _____

Email Address we should use for all RS/Synagogue communication: _____

Emergency Contact Information: If parents cannot be reached, who should be called?

Name _____ Tel # _____

Name _____ Tel # _____

Child's Physician and telephone number _____

If your child needs to be picked up early from RS, whom do you authorize to sign him/her out:

#1: _____ #2: _____

PHOTO RELEASE AUTHORIZATION:

I hereby authorize pictures and/or videos of my child taken during SHJC Religious School and/or Synagogue events to be used on any SHJC-affiliated website or in any SHJC-affiliated ad journal or other publication, [Check one] /___/ with /___/ without identification of my child by name.

Please

Initial: _____

Person filling out this form _____

Signature _____

Date _____

2018 – 2019 RS Confidential Family Information Form

Please complete this form for each child enrolled in our RS. Filling this form out in its entirety will help us better serve your child and your family.

Name of Student: _____

Religious School Grade in Sept., 2018: Gan (K) _____ Simhah I (1st) _____ Simhah II (2nd) _____

Alef (3rd) _____ APP _____ Bet (4th) _____ BPP _____ GIMEL _____ DALET _____ HEI _____

Does your child have food allergies? Please specify: _____

Please list any medications your child takes: _____

Please tell us about any medical conditions (for example: asthma, diabetes, seizures) your child has: _____

If your child may require medical attention for an allergy or other health needs, you will be need to submit the Emergency Treatment Authorization forms. These will be mailed to you during the summer.

It is important that every child in our school be able to learn in the best way possible, and to have a positive experience here. Sharing the following information with the school administration will help ensure that we can try to meet both needs and challenges:

Does your child have an IEP? Yes / No Does your child have an aide for any part of the school day? Yes / No

Is your child in a resource room or self-contained classroom? Yes / No

Does your child have any special learning needs we should be aware of? Yes / No

Does your child have behavior issues we should be aware of? Yes / No

Please elaborate on any of the above questions:

Please tell us any other information that you believe would be helpful for us to know about your child:

Gan (Kindergarten):	Thursday 4:30 – 6:30 PM
Simha 1 (1 st grade):	Thursday 4:30 – 6:30 PM
Simha 2 (2 nd grade):	Thursday 4:30 – 6:30 PM
Alef (3 rd grade):	Tuesday & Thursday 4:30 – 6:30 PM
APP (3 rd grade):	Thursday Only – 4:30 – 6:30 PM
Bet (4 th grade):	Tuesday & Thursday 4:30 – 6:30 PM
BPP (4 th grade)	Thursday Only 4:30 – 6:30 PM
Gimel (5 th grade):	Tuesday & Thursday 4:30 – 6:30 PM (Two Days Required)
Dalet (6 th grade):	Tuesday & Thursday 4:30 – 6:30 PM
Hei (7 th grade):	Tuesday & Thursday 6:35 – 8:15 PM
Each class is subject to minimum and maximum enrollment	

I would like to schedule a meeting with all families who are new to our school. Please call to make an appointment. For further information or questions, please call Ellen Marcus at 421-3224 ext.12. We look forward to a joyous year of learning together!

Sincerely,
Ellen Marcus, RS Principal

Gwen Lichtman, Synagogue President