Melville Jewish Center

2600 New York Ave Melville NY 11747

631-421-3224

Roz Rudofsky, Education Coordinator

631-921-4624

Religious School Enrollment Form

Jewish Heritage, Cultural & Hebrew Learning Experience

for Pre-K through 2nd Grade students

Day & Times:

Pre-K Students - Tuesdays 3:30-4:30 pm
Kindergarten Students - 2nd Grade - Tuesdays 4:00-5:30 pm
Beginning Tuesday, September 16, 2025 through Tuesday, June 16, 2026.

Tuition:

$625.00 plus $75.00 Security Fee
Deposit of 50% due at registration with the remainder due before the first day of school.
Payment can be submitted via Check, Cash or Shulcloud.

Child's Full Name: _____ Date of Birth: _____

Primary Contact:
Full Name: _____ Relationship to Child: _____
Street Address: _____
City/State: _____ Zip:_____
Cell Phone: _____ Home/Work Phone: _____
Email Address: _____

Secondary Contact:
Full Name: _____ Relationship to Child: _____
Street Address: _____
City/State: _____ Zip:_____
Cell Phone: _____ Home/Work Phone: _____
Email Address: _____

I agree to pay the full tuition plus the security charge by signing below.
I understand there will be no refunds or make-up days for absences.

Signature: _____ Date: _____

Printed Name:_____

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Child's Information

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Emergency Contacts/Approved Pick-Up List:

Full Name	Phone number	Relationship to Child

Does your child have any known allergies?

- ☐ Yes _____
- ☐ No

If yes, does the allergy require emergency medication?

- ☐ Yes _____
- ☐ No

Does your child have any special needs? _____

_____

What are your child's interests? _____

_____

What do you hope your child gains from this experience? _____

_____

We are nut-free and Kosher

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CONSENT TO USE OF LIKENESS OF MINOR
(By Parent Or Legal Guardian)

I,_____, residing at _____, hereby expressly GRANT to the MELVILLE JEWISH CENTER the right to use and publish the likeness of my son/daughter, _____, including photographs and images recorded in any medium, for the purpose of advertising and promoting the activities and programs of the MELVILLE JEWISH CENTER, including in E-Notices and on the website of the MELVILLE JEWISH CENTER. As used herein, “likeness” includes but is not limited to: photographs; silhouettes; and images made/preserved in film or by means of digital or electronic recording.

I hereby CONSENT to such publication and use of such photos/video recordings without any compensation whatsoever.

This Consent shall be broadly construed in favor of MELVILLE JEWISH CENTER, and I hereby agree to refrain from bringing suit or any other legal action against MELVILLE JEWISH CENTER, or any of Trustees, Officers, employees and agents, based upon any publication or use of any such photos/videos permitted by this Consent.

I hereby CERTIFY and REPRESENT to MELVILLE JEWISH CENTER, knowing that it will rely hereon, that I am the parent or legal guardian of _____, with full power to execute this CONSENT TO USE OF LIKENESS OF MINOR, and have read and fully understand the foregoing instrument and intend to be legally bound thereby.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____