

**THE JEWISH CENTER RELIGIOUS SCHOOL**

**FAMILY PAGE**  
**2018 - 2019**

Please complete this form and return it by **May 15, 2017** with a deposit **for each child** enrolled.

**Parent #1**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_  
Jewish (Please Circle): Yes    No

**Parent #2**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_  
Jewish (Please Circle): Yes    No

**Parent #3**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_  
Jewish (Please Circle): Yes    No

**Parent #4**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_  
Jewish (Please Circle): Yes    No

Mailings - Please send information to (Please Circle):    Parent #1    Parent #2    Parent #3    Parent #4    All  
E-mails -- Please send to (Please Circle):            Parent #1    Parent #2    Parent #3    Parent #4    All

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**Ganon (3-4 yo), Gan Katan (pre-K), Gan (K), Alef (1<sup>st</sup>), Bet (2<sup>nd</sup>)  
Gimmel (3<sup>rd</sup>), Daled (4<sup>th</sup>), Heh (5<sup>th</sup>), Vav (6<sup>th</sup>)  
Zayin (7<sup>th</sup>)**

**Child #1**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School Attending \_\_\_\_\_  
Grade \_\_\_\_\_  
Birthday \_\_\_\_\_

**Child #2**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School Attending \_\_\_\_\_  
Grade \_\_\_\_\_  
Birthday \_\_\_\_\_

**Child #3**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School Attending \_\_\_\_\_  
Grade \_\_\_\_\_  
Birthday \_\_\_\_\_

**Child #4**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School Attending \_\_\_\_\_  
Grade \_\_\_\_\_  
Birthday \_\_\_\_\_

**NOTE: For Gimmel, Daled, Heh and Vav students – please fill out ADDITIONAL form for selection of classes.**

### Deposit Amounts

Please check the correct option.

**Amount**  
(# of children x fee)

- Up to **May 15, 2018**: A \$50 deposit per child is enclosed which will be credited toward tuition. \_\_\_\_\_
- Families new to our community:  
A \$50 deposit per child (regardless of date registered) is enclosed  
and will be credited toward tuition. \_\_\_\_\_
- A late fee of \$50 per family will be applied after May 15, 2018, which does not go towards tuition. \_\_\_\_\_

### Credit Card Information

Amount \$: \_\_\_\_\_ Credit Card (Please Circle): Visa Mastercard AmEx  
Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Print name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Office Use Only</b>	<b>F</b>	<b>CW</b>	<b>DB</b>	<b>FF</b>
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**THE JEWISH CENTER RELIGIOUS SCHOOL**

**PERMISSION and RELEASE FORM**  
**2018 - 2019**

**Family Name**

\_\_\_\_\_

**Please check the correct option**

***PHOTO RELEASE***

\_\_\_ I **GIVE** permission to The Jewish Center to use photographs of my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or myself, including my/our name(s), in any social media venues.

\_\_\_ I do **NOT** give permission to The Jewish Center to use photographs of my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or myself, including my/our name(s), in any social media venues.

**Note:** TJC's standard practice is that photographs are **NOT** routinely placed with children's names in print or on Facebook, as well as TJC's Facebook page is set up to prevent people from tagging photos.

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**Please check the correct option**

***FRIEND FINDER***

\_\_\_ I **GIVE** permission to use all contact information including my name, child(ren)'s name(s), address, email and phone number for the "Friend Finder".

\_\_\_ I do **NOT** give permission to use all contact information including my name, child(ren)'s name(s), address, email and phone number for the "Friend Finder".

**Note:** The "Friend Finder" can be used to encourage as well as promote community among our students and parents. Families can use it to help set up play-dates, call other families to go to synagogue events and to keep in touch with one another. The contact information is only used within the Religious School community.

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**Please check the correct option**

***WALK HOME***

\_\_\_ I **GIVE** my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ permission to walk and/or bike home from Religious School on the day(s) he/she attends.

\_\_\_ I do **NOT** give my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ permission to walk and/or bike home from Religious School on the day(s) he/she attends.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**THE JEWISH CENTER RELIGIOUS SCHOOL**

**MEDICAL and INSURANCE FORM**  
**2018 - 2019**

**Note:** Please specify ALL allergies - please supply us with as much information as possible.

Parent Name(s) \_\_\_\_\_ Family Name \_\_\_\_\_

**Please name a non-parent contact person who is available during Religious School hours.**

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child(ren)'s Physician \_\_\_\_\_ Phone number \_\_\_\_\_  
Physician's Address \_\_\_\_\_

<b>Child's Name</b>	<b>Insurance Company Name / Policy Number</b>
<b>Child #1</b> _____ Grade _____	_____ / _____

Medical conditions/allergies:  
\_\_\_\_\_

<b>Child #2</b> _____ Grade _____	_____ / _____
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Medical conditions/allergies:  
\_\_\_\_\_

<b>Child #3</b> _____ Grade _____	_____ / _____
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Medical conditions/allergies:  
\_\_\_\_\_

<b>Child #4</b> _____ Grade _____	_____ / _____
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Medical conditions/allergies:  
\_\_\_\_\_

In the event that I/we or my/our contact person cannot be reached in an emergency situation, we authorize The Jewish Center to obtain emergency medical treatment for my/our child(ren).

By signing this form, I/we hereby confirm that The Jewish Center will not be responsible for any cost incurred for medical care as a result of an injury or illness to my/our child(ren) listed above.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE JEWISH CENTER RELIGIOUS SCHOOL**

**ADDITIONAL EDUCATION INFORMATION FORM**  
**2018 - 2019**

*Please review this form and complete if applicable for your child(ren).*

Family Name \_\_\_\_\_

I am interested in Special Education Programming.

My/our child (*name*) \_\_\_\_\_ is classified and receives Special Education Services in school.

My/our child (*name*) \_\_\_\_\_ is not classified but has the following special needs and/or learning challenges:

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Please indicate any other information that we should know about your child (i.e. personal issues, family issues, etc.).

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Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

## Registration Form: Gimmel and Daled (3<sup>rd</sup> and 4<sup>th</sup> Grade)

Name of Student: \_\_\_\_\_ Please Circle Student's Grade: Gimmel (3<sup>rd</sup>) or Daled (4<sup>th</sup>)

**Step 1:** Please indicate which trimester student will be attending Shabbat. One trimester per year has to be Shabbat. Circle the appropriate choice:

**SHABBAT (Circle ONE):**      **Fall**                      **Winter**                      **Spring**

**Step 2:** For each trimester, please circle at least two days the student will be attending. If you have chosen Shabbat for that trimester you are to choose at least ONE additional day.

**Step 3:** After you have indicated the day your child will be attending Religious school classes, please rank your class choices below: (1 is first choice, 2 is second choice, 3 is third choice). Classes offered will be dependent upon demand.

	<b>Sunday</b>	<b>Rank</b>	<b>Tuesday</b>	<b>Rank</b>	<b>Wednesday</b>	<b>Rank</b>
<b>Fall</b>	Origin of Humanity Chasidic Stories The Jewish Calendar	_____ _____ _____	Torah Heroes Ritual Objects	_____ _____	What's in the Bible Passport to Israel Fall Jewish Holidays	_____ _____ _____
	<b>Sunday</b>	<b>Rank</b>	<b>Tuesday</b>	<b>Rank</b>	<b>Wednesday</b>	<b>Rank</b>
<b>Winter</b>	Founding Families My Synagogue Israel Today	_____ _____ _____	Famous Torah Stories From Zion and Back	_____ _____	Jewish Values in Genesis From Kiddush to Havdalah Life Cycle	_____ _____ _____
	<b>Sunday</b>	<b>Rank</b>	<b>Tuesday</b>	<b>Rank</b>	<b>Wednesday</b>	<b>Rank</b>
<b>Spring</b>	The Judges Jewish Folktale Pesach	_____ _____ _____	10 Commandments Tzedakah	_____ _____	Joseph Life and Dreams Israeli Heroes From Temple 1 to Temple 2	_____ _____ _____

**\*\* Course descriptions are in a separate document that will be emailed to you. If you do not receive it, please call the office.\*\***

## Registration Form: Heh and Vav (5<sup>th</sup> and 6<sup>th</sup> Grade)

Name of Student: \_\_\_\_\_ Please Circle Student's Grade: Heh (5th) or Vav (6th)

**Step 1:** Please indicate which trimester student will be attending Shabbat. One trimester per year has to be Shabbat. Circle the appropriate choice:

**SHABBAT (Circle ONE):**      Fall                      Winter                      Spring

**Step 2:** For each trimester please circle at least two days the student will be attending. If you have chosen Shabbat for that trimester you are to choose at least one additional day.

**Step 3:** After you have indicated the day your child will be attending Religious school classes, please rank your class choices below: (1 is first choice, 2 is second choice, 3 is third choice). Classes offered will be dependent upon demand.

	Sunday	Rank	Tuesday	Rank	Wednesday	Rank
<b>Fall</b>	Navigating the Siddur Diversity in Israeli Society Jewish Communities Around the World	_____ _____ _____	Dead Sea Scrolls The Middle East	_____ _____	Prophets with Modern Twist Women in the Bible Anti-Semitism	_____ _____ _____
	<b>Sunday</b>	<b>Rank</b>	<b>Tuesday</b>	<b>Rank</b>	<b>Wednesday</b>	<b>Rank</b>
<b>Winter</b>	The Kings of Israel Jewish Great Debates Caring for Community	_____ _____ _____	Time Line of Jewish History Jewish Arts & Artists	_____ _____	Bible and Beyond Jews in the Muslim World Kashruth	_____ _____ _____
	<b>Sunday</b>	<b>Rank</b>	<b>Tuesday</b>	<b>Rank</b>	<b>Wednesday</b>	<b>Rank</b>
<b>Spring</b>	Megilat Ester Comparative Religion Celebrating the Jewish Year	_____ _____ _____	Megilat Ruth Jewish Values in Science Fiction	_____ _____ _____	Famous Bible Stories Zionism Jewish Humor	_____ _____ _____

**\*\* Course descriptions are in a separate document that will be emailed to you. If you do not receive it, please call the office \*\***