

**THE JEWISH CENTER**

**TICHON REGISTRATION FORM 2018-2019**

**Please complete this form and return it by July 1, 2018 for each student enrolled. Return the completed form by e-mail ([crichman@thejewishcenter.org](mailto:crichman@thejewishcenter.org)) or by US Mail: 435 Nassau Street, Princeton, NJ 08540 Attn: Cynthia Richman.**

**The Tichon fee will be included in your TJC September bill.**

**Tichon Tuition:**

Tichon 1, 2 and 3 (8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> Grades) \$360

Tichon V'od (11<sup>th</sup> & 12 Grades) \$50

**Parent #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailings: Please send to Parent #1 \_\_\_ Parent #2 \_\_\_ or Both \_\_\_ (if separate addresses)

E-mails: Please send to Parent #1 \_\_\_ Parent #2 \_\_\_ or Both \_\_\_ (please provide addresses for each)

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**STUDENT #1**

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade as of September 2018 \_\_\_\_\_ School \_\_\_\_\_

Student's E-mail \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

**STUDENT #2**

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade as of September 2018 \_\_\_\_\_ School \_\_\_\_\_

Student's E-mail \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

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**SPECIAL NEEDS INFORMATION**

I am interested in Special Education Programming.

- My child is classified and receives Special Education Services in school.
- My child is not classified but has the following special needs and/or learning challenges:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**RELEASES**

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

I give  I do not give my permission to The Jewish Center to use a photograph of my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or myself and include my/our name(s) in any publication or advertisement for The Jewish Center in print, video and/or online.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_