



**Community Synagogue of Rye**  
**Center for Jewish Learning**

200 Forest Avenue • Rye, NY 10580  
Email: rs@comsynrye.org School office phone: 914-967-7598

**KINDERGARTEN REGISTRATION FORM**

2021-2022

WEDNESDAY AFTERNOONS: 4:00-5:45 PM

TUITION-FREE PROGRAM

**Please fill out both pages of this form and email to rs@comsynrye.org**

Child's last name \_\_\_\_\_ First name \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

Name of parent 1 \_\_\_\_\_ cell phone # \_\_\_\_\_

Parent address (if different from child's) \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_ cell phone # \_\_\_\_\_

Parent 2's address (if different from child's) \_\_\_\_\_

If addresses are different, with whom should we communicate?

Parents' email addresses (1) \_\_\_\_\_ (2) \_\_\_\_\_

School child will attend, Fall 2020 \_\_\_\_\_ City of school \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Siblings (include date of birth) \_\_\_\_\_

**Media waiver** I give permission for my child's photo to be printed in the synagogue's print and electronic publications (child will not be identified by name) \_\_\_Yes \_\_\_No

**PARENT SIGNATURE** \_\_\_\_\_

**Please turn over ►►**

### Medical and Emergency information

Allergies \_\_\_\_\_

Other medical issues \_\_\_\_\_

In case of emergency during religious school hours, whom should we contact?

Name 1 \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's name and phone number: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical Release**

In the event of a medical emergency, I authorize Community Synagogue to administer first aid and/or transport my child if a parent, guardian, or emergency contact cannot be reached.

\_\_\_\_\_  
Parent's signature                                  Printed parent's name                                  Date

\_\_\_\_\_  
Parent's signature                                  Printed parent's name                                  Date

**How can we make this a successful year of learning for your child?** Please list anything that can help us meet your child's needs. Information will be shared only with your child's educator.

Learning style/special needs: \_\_\_\_\_

Anything else you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***If for any reason your child will not be attending Kindergarten after you register, please notify the CJL office immediately.*** If you have any questions, please contact Abby Pisaniello, Center for Jewish Learning administrator at 914-967-7598 or rs@comsynrye.org.