



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

2020-2021

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 ►►

