



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

200 Forest Ave, Rye, NY | (914) 967-7598 | RS@Comsynrye.org

**CJL REGISTRATION FORM**

**2020-2021**

**(NEW learners)**

**Please fill out both pages of this form**

**Grade in September, 2020** \_\_\_\_\_

(Please check program that applies)

\_\_\_ 1<sup>st</sup> grade (Wednesday)

\_\_\_ 6<sup>th</sup> grade (Wednesday & Saturday)

\_\_\_ 2<sup>nd</sup> grade (Wednesday)

\_\_\_ 7<sup>th</sup> grade (Monday & Wednesday)

\_\_\_ 3<sup>rd</sup> grade (Wednesday & Saturday)

\_\_\_ 4<sup>th</sup> grade (Wednesday & Saturday)

\_\_\_ Chavurah, Alternative Learning, 6<sup>th</sup> grade

\_\_\_ 5<sup>th</sup> grade (Wednesday & Saturday)

\_\_\_ Chavurah, Alternative Learning, 7<sup>th</sup> grade

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  Check here if new address

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

Address (if different from child) \_\_\_\_\_

Name of parent 2 \_\_\_\_\_ cell phone # \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

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

If addresses are different, with whom should we communicate? \_\_\_\_\_

**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 \_\_\_\_\_

**NOTE: CSR Member accounts must be in good standing (all due account items paid in full) before a child can be registered and placed for the coming year. Full tuition payment must be paid by August 15.** We believe that finances should never be a deterrent from affiliating with our congregation or participating in the CJL. We are committed to thoughtfully and respectfully providing confidential need-based assistance to those who require support. Please contact Glynis Conyer, our Executive Director, at gconyer@comsynrye.org or call 914-967-6262 if you have any questions regarding tuition and fees.

## FAMILY & CHILD INFORMATION

School child attends in September 2020 \_\_\_\_\_ City of school \_\_\_\_\_

Hebrew name \_\_\_\_\_ Bar/Bat Mitzvah date (if assigned) \_\_\_\_\_

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

**Please share any information that can help us meet your child's needs.** Information will be shared only with your child's educator.

Special needs: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Help us get the word out about the CJL!** If you know of a family who might like to receive information regarding the CJL, please share their contact information:

\_\_\_\_\_

## EMERGENCY & MEDICAL INFORMATION

Allergies \_\_\_\_\_

Other medical issues we should know about \_\_\_\_\_

In case of emergency during CJL hours, whom do 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 of Rye 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