



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

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

**RELIGIOUS SCHOOL REGISTRATION FORM 2016-2017  
(NEW Students)**

**► FULL TUITION PAYMENT MUST ACCOMPANY THIS FORM.**

**Grade in September, 2016** \_\_\_\_\_

(Please check program that applies below)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 <sup>st</sup> grade, Wednesday          | <input type="checkbox"/> 6 <sup>th</sup> grade, Wednesday/Saturday             |
| <input type="checkbox"/> 2 <sup>nd</sup> grade, Wednesday          | <input type="checkbox"/> 7 <sup>th</sup> grade, Monday/Wednesday               |
| <input type="checkbox"/> 3 <sup>rd</sup> grade, Wednesday/Saturday | <input type="checkbox"/> Chavurah, Alternative Learning, 5 <sup>th</sup> grade |
| <input type="checkbox"/> 4 <sup>th</sup> grade, Wednesday/Saturday | <input type="checkbox"/> Chavurah, Alternative Learning, 6 <sup>th</sup> grade |
| <input type="checkbox"/> 5 <sup>th</sup> grade, Wednesday/Saturday | <input type="checkbox"/> Chavurah, Alternative Learning, 7 <sup>th</sup> grade |

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender (M) (F)      Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Parent's Email Addresses (1) \_\_\_\_\_ (2) \_\_\_\_\_

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

Parent 1's address if different from student's \_\_\_\_\_

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

Parent 2's address if different from student's \_\_\_\_\_

School student attends in September \_\_\_\_\_ City of school \_\_\_\_\_

Bar/Bat Mitzvah date \_\_\_\_\_ Hebrew Name \_\_\_\_\_

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

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 \_\_\_\_\_

I would like to sign up to be a **Class Parent** (Print Name): \_\_\_\_\_  
(Help with class/school events)

I would like to sign up to be on the **CJL Parent Committee** (Print Name): \_\_\_\_\_  
(Parents meet once per month to support Jewish learning, plan school events & create school policy)

► Does your child go to a **Jewish overnight camp**? If so, which camp in 2016?  
\_\_\_\_\_

Emergency Information

In case of emergency during religious school 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

**Please list anything that can help us meet your child's needs.** Information will be shared only with your child's teacher.

Learning style/challenges: \_\_\_\_\_

Vision/hearing: \_\_\_\_\_ Health/Allergies/Other: \_\_\_\_\_

**Class Placement Request:** You may make up to two friend requests that are **mutual**:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (This request cannot be guaranteed.)

If you know of a family who would like to receive information regarding our Religious School, please enter their contact information here: \_\_\_\_\_

An early discount fee will be extended to all payments received before June 30, 2016. Contact Irene Lustgarten, Executive Director, at 914-967-6262 or [ilustgarten@comsynrye.org](mailto:ilustgarten@comsynrye.org) if you have any questions regarding school tuition and fees. **The full tuition payment must accompany this form.** Please note that tuition rates are subject to approval by the congregation at the Annual Meeting on May 18, 2016. We reserve the right to revise accordingly.