



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
(RETURNING Students)

NOTE: In order to enroll your child in religious school, please be sure that all financial obligations to Community Synagogue of Rye are current.
▶ FULL TUITION PAYMENT MUST ACCOMPANY THIS FORM.

Grade in September, 2016 _____

(Please check program that applies below)

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