



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

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

CJL REGISTRATION FORM

2020-2021

(RETURNING learners)

Please fill out both pages of this form

Grade in September, 2020 _____

(Please check program that applies)

___ 1st grade (Wednesday)

___ 6th grade (Wednesday & Saturday)

___ 2nd grade (Wednesday)

___ 7th grade (Monday & Wednesday)

___ 3rd grade (Wednesday & Saturday)

___ 4th grade (Wednesday & Saturday)

___ Chavurah, Alternative Learning, 6th grade

___ 5th grade (Wednesday & Saturday)

___ Chavurah, Alternative Learning, 7th 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