Neziner Hebrew School Registration 5772-5773/2012-2013

Name _____ **Date of Birth** _____

Address _____ **Zip** _____

Phone _____ **Secular School** _____ **Grade in Sept** _____

Hebrew Class in Sept. _____ **Student's Hebrew Name** _____

Is the registrant an adopted child? _____ If yes, and you have not already spoken to the rabbi, please contact him to discuss whether or not the ritual of conversion did or will occur prior to bar/bat mitzvah according to Conservative Movement ritual.

If this is a new registration, has your child attended religious school before, and if so, where?

_____

Mother's English Name _____ **Jewish?**_____ (If not, is child converted)_____

Mother's Hebrew Name _____ **Cell Phone** _____

Occupation: _____ **Work Phone** _____

Mother's Email _____

Father's English Name _____ **Jewish**?_____

Father's Hebrew Name _____ **Cell Phone** _____

Occupation: _____ **Work Phone** _____

Father's Email _____

If the parents are separated or divorced, please answer:

a. Who is legal guardian_____ b. with whom does the child live? _____

c. To whom should bills be sent? (Name /address) _____

c. To whom should mailings/emails be sent? (Name /address) _____

Does the family have a membership in the synagogue?_____ **(Required in Gimel Class)**

CLASS SCHEDULE & TUITION RATES – PLEASE CIRCLE APPROPRIATE TUITION AMOUNT

$775 --- GAN (Kindergarten) Meets Saturday 10 AM -12 :30 PM

$950 --- ALEPH (1st Grade) **BET (2nd Grade)** Meets Wednesdays 4-6 PM, Saturday 10 AM -12 :30 PM

$1,050 --- GIMEL (3rd Grade) – Zayin (7th Grade) Meets Wednesdays 4-6 PM, Saturday 10 AM-12 :30 PM

$775 --- HIGH SCHOOL Meets Mondays 5:30-7:00 PM

For Students in Gimel through Zayin: Please indicate if student will be attending Mondays ___YES ____NO

_____ **Enclosed is my $36 Family Contribution for Neziner PTA**

For Payment using Credit Card: The tuition and fees listed represent a discounted rate when paid by cash or check. Temple Beth Zion – Beth Israel incurs a fee of 2.5% on all credit card transactions. If you pay by credit card, an additional charge of 2.5% will be processed at the time of your transaction.

Type_____ Number _____ Exp_____Amt_____

Office Use Only	Date Recvd _____	Tuition _____
	Deposit _____	Balance _____

Please check any special needs that your child has. We will do our best to accommodate him/her

___Wears glasses ___attention deficiency ___hyperactivity ___hearing impairment

___Speech difficulty ___motor skills problem ___dyslexia ___difficulty in copying from board

___Difficulty in reproducing printed images ___reading below grade level

Please specify any food or medication allergies _____

If you can provide additional information, which would help us to better understand your child, please indicate below:

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PERMISSION & MEDICAL INFORMATION

I give permission for my child _____ to participate in supervised field trips scheduled throughout the school year.

I understand that the school shall make every effort to first notify the parents or guardian in the event of a medical emergency. If this is not possible and the situation necessitates immediate action, I authorize the administrator and staff of the Neziner Hebrew School to obtain proper care and treatment of the above named child, including first aid and/or hospitalization, with the same authority I possess.

Medical insurance company_____ Policy Number_____

EMERGENCY CONTACT INFORMATION - OTHER THAN PARENTS

Name: _____ Relationship_____

Home Phone_____Cell Phone_____Work Phone_____

Name: _____ Relationship_____

Home Phone_____Cell Phone_____Work Phone_____

I agree to pay tuition (which includes snacks, books (some are only on loan), supplies, registration), in full or as billed by the office. A minimum required $100 deposit must be paid when registration form is submitted. All registration forms for returning students must be returned by September 1, 2012.

____ Please add a tax-deductible donation to my bill in the amount of $_____.

____ Please contact us about scholarship information

____ Enclosed is a minimum required $100 deposit

PHOTOGRAPHY OF CHILDREN – PLEASE CHECK THE APPROPRIATE LINE

____ I give permission / **____ I <u>do not</u>** give permission for my child to be photographed for in school use or for use in promotional materials for the school.

Signature_____ **Date**_____