

2017-2018 JCCH Kehilah School Registration Information Form

**Please complete Registration forms, Information forms and send \$300 Deposit.
Payment in full prior to the start of school is required to start the school year.**

Grade	Tuition	Hours
Shorashim (Kindergarten & 1st Grade)	\$900 + \$50 for supplies	Sunday 9-11:30am
2nd-5th Grade	\$1700 + \$75 for supplies	Sunday 9-11:30am and Tuesday 3:45-5:45pm OR Wednesday 3:45-5:45pm
6th Grade	\$1700 + \$75 for supplies	Sunday 9-11:30am and Tuesday 3:45-5:45pm OR Wednesday 3:45-5:45pm
7th Grade	\$2150 + \$75 for supplies & dinner (7 th grade includes tuition for 1st half of 8th grade)	Wednesday evening 6-8pm and one Sunday a month
8th Grade	\$450 + \$75 for dinner & supplies	Wednesday evening 6-8pm
9th & 10th Grade	\$900 + \$75 for dinner & supplies	Wednesday evening 6-8pm
Student Aides- Madrichim (8 th -12 th graders)	Community Service Opportunities or Work for Pay (must be 14 and older) for enrolled or confirmed Hebrew High and Day School students	Sunday mornings, Tuesday or Wednesday afternoons

TRIP PERMISSION - I hereby permit my child(ren) to attend any trip sponsored by JCCH for educational purposes provided that he/she is supervised by a member of the JCCH staff or by JCCH parents who are selected as chaperones.
Parent(s) Initials _____ Date _____

PHOTO RELEASE FORM- From time to time, JCCH may use your child's name, likeness, voice, statements and other information supplied by him/her in a variety of synagogue publications, including but not limited to: Newsletter, Weekly Calendar, Fliers, JCCH website (both photos and mini videos without individual identification on public side of the side, but with names on the password protected side). This use relates solely to photographs, statements and videotape made during your child's participation in JCCH sponsored activities. Please check your preference and sign below allow my child/ren

_____ I allow my child(ren)'s name, likeness, voice, statements and other information supplied by my child(ren) to be used by JCCH.

_____ I object to my child(ren)'s name, likeness, voice, statements and other information supplied by my child(ren) to be used by JCCH.

Parent(s) Initials _____ Date _____

VOLUNTEER OPPORTUNITIES- Please signup below.

We are hoping to have a volunteer for every classroom and all programs.

Class Parent for Grade _____

2017-2018 JCCH KEHILAH SCHOOL REGISTRATION FORMS

STUDENTS INFO	CHILD 1	CHILD 2	CHILD 3
Student Full Name			
Hebrew Name			
Gender	Male Female	Male Female	Male Female
Birthday			
Grade & Name of School as of Sep 17			
Grade at JCCH as of Sep 17			
Choice of Day Sunday + Tuesday Sunday + Wednesday Wednesday Night-high school			
Youth Group 2nd-6th grade (please check)	Yes No	Yes No	Yes No
Special Medical Conditions (allergies, medication, etc.)			

PARENTS INFO	<u>Parent #1/ Guardian</u>	<u>Parent #2 / Guardian</u>
Name		
Address		
Home Phone		
Cell Phone		
Email		
Primary Emergency Number		

Information Form 2017-2018

**THIS FORM MUST BE FILLED OUT YEARLY.
YOU MUST SUBMIT THIS FORM IN ORDER FOR YOUR CHILD TO BEGIN
ATTENDING CLASS IN SEPTEMBER.**

Mail: JCCH, 130 Union Ave, Harrison, NY 10528; Fax: 835-5195

In an effort to meet your child's individual needs please provide us with any information about your child that may enable JCCH to provide the best Jewish educational experience possible. All information received will remain in strict confidence and will be disclosed to your child's teacher only at your request.

Name of Child _____ Date _____

Information Supplied By _____

1. Please list all medications your child takes and reasons why.

2. Does your child have an IEP? NO _____ YES _____ . If yes please include a copy .

3. Is your child provided any learning assistance during the school day? (Some examples include resource room, special classes, individual tutoring, and aide.) If yes, please explain.

4. Please describe any physical and learning issues that may affect your child's learning or social adjustment

5. Please describe any family arrangement that may affect your child's attendance:

May we share this information with the teachers? Yes _____ No _____

Please feel free to call Ronit Razinovsky, Educational Director, at 835-2860 ext. 125,
if you would prefer to discuss the above information in person.
