

2023-2024 JCCH Kehilah School Registration Information Form

- Please complete Registration and Information forms and return to the JCCH office with a \$300 deposit to secure your child's enrollment for Fall 2023.
- Tuition rates are subject to change.
- **Any outstanding balances owed to the JCCH must be resolved before a child can be enrolled for 2023-24.**
- Tuition for 2023-24 must be paid in full by the first day of school unless prior arrangement has been agreed to by the JCCH Executive Director or Treasurer.
- Every registration must be accompanied by a copy of the student's vaccination history and any other pertinent medical information.

Grade	Tuition (Includes Supplies)	Hours
Shorashim (Kindergarten & 1st Grade)	\$825	Wednesdays 3:45-5:45pm
2nd-6th Grade	\$2100	Mondays and Wednesday 3:45-5:45pm
7th Grade	\$2000	Wednesdays evenings 6-8pm and One Sunday a month for Mitzvah Project
8th - 10th Grade	\$180	Mondays evening 6-8pm twice a month Following BBYO
Student Aides Madrichim (8th-12th graders)	Community Service Opportunities	Monday 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 Signature _____ 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 Signature _____ Date _____

Please indicate if you would like to serve as a class parent Yes _____ No _____

2023- 2024 JCCH KEHILAH SCHOOL REGISTRATION FORMS

STUDENTS INFO	CHILD 1	CHILD 2	CHILD 3
Student Full Name			
Hebrew Name			
Gender			
Birthday			
Grade & Name of School as of Sep 2023			
Grade at JCCH as of Sep 2023			
7 th Grade/Monday 6:00-8:00pm			
Madrichim/Student Aide Volunteer: Mon & or Wednesday			
High School & BBYO twice a month Grades 8-10 th			
Special Medical Conditions (See below) (allergies, medication, etc.)			

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

Information Form 2023-2024

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

PLEASE NOTE: FORM MUST BE ACCOMPANIED BY STUDENT'S VACCINATION HISTORY.

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 _____

Grade _____

Date _____

Information Supplied By _____

1. Please list all medications your child takes and reasons why.
2. 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.
3. Please describe any physical and/or learning issues that may affect your child's learning or social adjustment.
4. Please describe any family arrangement that may affect your child's attendance.

Please feel free to call Educational Director Ronit Razinovsky in confidence at (914)835-2850 ext. 125, if you would prefer to discuss the above information in person.

JCCH KEHILAH SCHOOL
Parent Authorization for Administration of Allergy Medication

To be completed by the parent or guardian:

I grant permission for the Kehilah School office to give my child the following medication(s): _____

Child's Name _____ Grade _____

The medication(s) will be furnished by me in a sealed bottle and will be labeled and stored securely in the school office.

Signature (Parent or Guardian): _____ Address: _____

Phone: _____

Date: _____

Parent/Guardian Request for Student to Self-Carry & Self-Administer Allergy Medication

Date: _____

Student Name: _____ Date of Birth: _____

This student has been instructed by a licensed prescriber in the proper use of the following medication procedures:

DIAGNOSIS	NAME OF MEDICATION	DOSAGE AMOUNT	SPECIAL INSTRUCTIONS

The Parent/Guardian signature below indicates a request that this student be permitted to independently carry the medication(s) listed above on his/her person, as we consider him/her responsible. He/she has been instructed by a licensed prescriber about the appropriate method of use of the medication(s) listed above and understands the purpose of the medication(s). *We hereby release the JCCH from any liability associated with our child self-administering such medication.

Parent/Guardian Signature Printed Name Date