

RELIGIOUS SCHOOL REGISTRATION

2018-2019/5779

| | | | | | | | | | | | |
|--|--------------------|------------|-------------------------|-------------------------|--|--|-----------|----------------|---------------|-----------|--|
| STUDENT NAME #1 | | | DATE OF BIRTH | | | STUDENT NAME #1 | | | DATE OF BIRTH | | |
| PARENT/GUARDIAN INFORMATION #1 | | | | | | PARENT/GUARDIAN INFORMATION #2 | | | | | |
| Title | | First Name | | Last Name | | Title | | First Name | | Last Name | |
| Main residence of children | | | | | | BOTH | | MOTHER | | FATHER | |
| Home Phone | | | Cell Phone | | | Home Phone (If different than #1) | | | Cell Phone | | |
| Email Address | | | | | | Email Address | | | | | |
| Mailing Address | | | | | | Mailing Address (If different than #1) | | | | | |
| CHECK HERE IF YOUR CHILD HAS ALLERGIES OR OTHER MEDICAL CONDITIONS <input type="checkbox"/> BE SURE TO NOTE BELOW UNDER STUDENT INFORMATION | | | | | | | | | | | |
| PRIMARY EMERGENCY CONTACT FOR STUDENTS (other than parents) | | | | | | | | | | | |
| Contact Name | | | | Relationship to student | | | | Contact number | | | |
| Individuals who can pick up student(s)#1 | | | | | | Relationship to student(s) | | | | | |
| Individuals who can pick up student(s)#2 * | | | | | | Relationship to student(s) | | | | | |
| STUDENT INFORMATION | | | | | | | | | | | |
| #1 | Student First Name | | | Student Last Name | | | ALLERGIES | | | | |
| Hebrew Name (in English or Hebrew) | | | Student grade 2017-2018 | | | MEDICATIONS | | | | | |
| Is the student provided any special services in secular school? If yes, please provide detail. | | | | | | DOCTOR NAME/NUMBER | | | | | |
| Is there any other information we should be aware of that would help us to create the most favorable learning experience for the student? | | | | | | OTHER | | | | | |
| #2 | Student First Name | | | Student Last Name | | | ALLERGIES | | | | |
| Hebrew Name (in English or Hebrew) | | | Student grade 2017-2018 | | | MEDICATIONS | | | | | |
| Is the student provided any special services in secular school? If yes, please provide detail. | | | | | | DOCTOR NAME/NUMBER | | | | | |
| Is there any other information we should be aware of that would help us to create the most favorable learning experience for the student? | | | | | | OTHER | | | | | |

Registration Payment Form
2018-2019/5779

| | | | |
|---|--------------------------|---------------|--------------|
| ~ CURRENT CONGREGATION EMANUEL MEMBERSHIP IS A REGISTRATION PREREQUISITE ~ | | | |
| STUDENT LAST NAME, FIRST NAME | | | GRADE: |
| STUDENT LAST NAME, FIRST NAME | | | GRADE: |
| TODDLER/PRE-K \$200 | BOOKS/MATERIALS FEE \$30 | TOTAL: | \$230 |
| KINDERGARTEN \$350 | BOOKS/MATERIALS FEE \$30 | TOTAL: | \$380 |
| GRADES 1-2 \$350 | BOOKS/MATERIALS FEE \$45 | TOTAL: | \$395 |
| GRADES 3-8 \$575 | BOOKS/MATERIALS FEE \$80 | TOTAL: | \$655 |
| GRADES 9-10 \$350 | BOOKS/MATERIALS FEE \$20 | TOTAL: | \$370 |
| Payment Child #1 | | | \$ |
| Payment Child #2 | | | \$ |
| TOTAL OWED: | | | \$ |
| FIRST DEPOSIT | | | \$ |

Please indicate your tuition payment option:

| | | |
|----------|--------------------------|--|
| Option A | <input type="checkbox"/> | Payment in full via credit card or check |
| Option B | <input type="checkbox"/> | Payment in installments. \$50 deposit is due with registration form. Please contact the main office to set up installment payment. |

Tuition & Book/Material Fees can be paid with one check. If your family needs financial assistance, please contact our Confidential Dues Committee at (845) 338-4271 x128.

Please make any alternate financial arrangements no later than 30 days before the first day of school.

| | | | |
|---|--|-------------------------------------|-----------|
| Make checks payable to Congregation Emanuel Amount Paid by Check \$ _____ Check # | Charge my credit card <input type="checkbox"/> | Amt paid by credit card \$ _____ | Exp. date |
| | Name as it appears on card | | CCV |
| | Billing Street Address | | Zip |
| | Credit Card # | Signature | |

Return to the main office or mail to:
Congregation Emanuel 243 Albany Avenue, Kingston, NY 12401

| | |
|--|--|
| For office use only | Date received: _____ |
| Books/Materials Fee Paid with this form: _____ | Registration Fees Paid with this form: _____ |

RELIGIOUS SCHOOL PHOTO RELEASE
2018-2019/5779

Dear Parent/Guardian:

Pictures are often taken during temple programs. We would like your permission to use these photos on our website (CEHV.org), in our bulletin, and occasionally on flyers and ads or other promotional items. Pictures are selected for Congregation Emanuel to use to illustrate our holidays, special programs and Religious School program. The use will be for sharing with our community the joyous, fun and engaging experience our youth have during our events at Congregation Emanuel. Images will not be identified with the name of your child(ren). Please note, that if you do not release the right for Zimet Religious School to use your child(ren)'s likeness, then we may at times need to take group photos that will not have your child in them.

Please return this form to the main office with your school registration form.

**Please note you may rescind your release at any time by submitting a written request to the main office.*

YES, I give permission to use photos of my child(ren) on Congregation Emanuel's website, bulletin, flyers and ads or other promotional items.

NO, I DO NOT give permission to use photos of my child(ren).

Full Names of Child(ren): _____

Parent Full Name: _____

Parent Email: _____

Parent Phone Number: _____

Parent Signature: _____

Date: _____