

Congregation Shaara Tfillle – Jewish Community Center of Saratoga Springs

School Year 2024-2025 (5785) School Registration/Intake Form (One per student, please)

Part I – Student Information

Student Name: _____

Hebrew/Transliterated Name: _____

DOB: ___/___/___ Grade: _____ School: _____

Part II – Parent Information

Parent(s)/Guardian(s) Name(s): 1. _____ 2. _____

Cell Phone Numbers: 1. _____ 2. _____

Emails: 1. _____ 2. _____

Primary Home Address: _____

Part III – Emergency/Medical Information

Emergency Contact: _____ Cell Number: _____

Physician or Medical Provider: _____ Phone: _____

Emergency Medical Consent:

I, _____, undersigned, parent or guardian of the child named above, do hereby consent and authorize medical personnel to provide emergency medical treatment as needed, on the approval of Rabbi Marmon or staff of the Congregation Shaara Tfillle Hebrew School, in the event that the emergency contact and/or parent/guardian(s) listed above cannot be timely reached for such approval.

Signed: _____ *Date:* _____

Part III.a – Allergies and Medications.

My child is allergic to the following, with the following restrictions: (e.g. may not eat, may not touch...)

1. _____ :

2. _____ :

3. _____ :

I authorize Hebrew School staff to administer these medication(s), supplied by me, in accordance with attached instructions: (e.g. Epinephrine) _____ /Initials: _____

Part III.b – Learning or Behavioral Challenges.

My child has an IEP in effect in their secular schooling – Yes ___ No ___.

If yes, please attach relevant portions and/or describe the student’s challenges and the approaches used to manage the issues in their secular school(s).

Please attach any comments about your child’s learning needs, behavior, or other medical/behavioral issues which may be helpful to providing them the safest and best learning environment.

Part IV – Photo Authorization (Please circle one option only and sign below)

I do / do not consent for my child's name, photograph, and/or video image to appear in congregational messaging such as the website, bulletin, or email announcements.

Signed: _____ Date: _____

Part V – School Fees and Obligations

Tuition: \$400 per student

Non-member Family Fee: \$500 per family (once), in addition to tuition for each individual student

Non-member enrollment is available for one year only. Congregational membership is required for continued enrollment beyond the first year.

Example: A non-member family with two children pays \$400 x 2 students, plus \$500 family fee; totaling \$1300. The following year, the family must become members to continue; tuition for two will be \$800.

If school fees will be financially challenging for your family, please see the rabbi to discuss options.

Part V.a – Bar/Bat Mitzvah Year Obligations.

Bar/bat mitzvah families must be members in good standing. All financial obligations for the year must be paid in advance of the bar/bat mitzvah date. Students must participate in their Hebrew School class as well as individual training during the year preceding the bar/bat mitzvah. Students are required to attend twelve Shabbat morning services during the year preceding the bar/bat mitzvah. (The rabbi reminds you that this is a *minimum*. The more time your child spends in shul, and the earlier, the more comfortable and the better prepared they will be for their simcha.)

Failure to meet these requirements may result in the bar/bat mitzvah being postponed or curtailed.

Part V.b – Parent Participation.

You are a role model to your children and a resource to your school and community. Your talents can help make the Hebrew School the best possible experience for all the students and staff. Please list three skills, interests, hobbies, or other talents you may be able to contribute to the school:

Examples: substitute teaching, kitchen help, hosting an event, sewing, first aid, faculty development...

| <u>Skill:</u> | <u>Name of Parent:</u> |
|---------------|------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

I understand the parental obligations above. My total calculated school fee for the year is \$_____

Signed: _____ Date: _____