

Congregation Or Shalom Religious School REGISTRATION FORM 2010-2011



Registration form and tuition deposit (\$100 per student) plus book/activity fee (\$90) is due on or before June 6, 2010.

Make your \$190-per-student check payable to "Congregation Or Shalom".

Please fill out one form for each child in your family, although you may write one check for your family.

Student's name: _____

Student's Hebrew name: _____

Home address: _____

Home Phone: _____ Date of Birth: _____

Secular School Grade as of September: _____ Religious School Grade as of September _____

Secular School Name: _____

Parent/Guardian Information

Mother's name: _____

Address, if different than student's: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email address: _____

Father's name: _____

Address, if different than student's: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email address: _____

Student lives with: _____ To Whom Should Mail Be Sent _____

NOTE: School and teacher communication is almost exclusively via e-mail.
Please alert both the congregational office and the school office of any changes with your e-mail address.

2010 Tuition and Book/Activity Fees

<u>Class (Please note name changes)</u>	<u>Schedule</u>	<u>Tuition</u>	<u>Book/Materials Fee</u>
GAN	Sunday 9am -12pm	\$515	\$90
ALEF (Mechina), BET (Prozdor)	Sunday 9am- 12pm	\$515	\$90
GIMEL, DALET, HEY, VAV, ZAIN	Sunday 9am- 12pm/Tuesday 4-6:05pm	\$775	\$90

Full payment of tuition is due on or before September 6, 2010. Classes begin Sunday, September 12, 2010.
Should you need, please contact David Keet regarding Federation scholarship and financial aid information.

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EMERGENCY AND MEDICAL INFORMATION

Please indicate an alternate contact in the event you are not available:

Student's name: _____ Name of emergency contact: _____

Relationship to student: _____ Phone: H: _____ Cell: _____

Doctor's name: _____ Phone: _____

Medical Insurance Company: _____ Group ID: _____ Plan: _____

Does your child have any illnesses, medical conditions or chronic conditions of which school personnel need to be aware?
(i.e., asthma, dietary restrictions, allergies, food allergies, hearing, vision, speech) If yes, please describe.

Is your child taking any medications? If yes, please list:

Congregation Or Shalom cannot be responsible for administering any medications to any student.
Please administer your child's medications at home, before your child comes to school.
Please do not send medications with your child to school.

In case of injury or illness while your child is at school, every effort will be made to contact the parent/guardian or emergency contact.
The following instructions will remain in force unless revoked in writing by the parent/guardian:

I give permission to the staff at Or Shalom to administer first aid to my child when (s)he is in attendance during religious school or religious school events. In case of a medical emergency, I authorize the staff at Congregation Or Shalom to obtain emergency medical treatment for my child.

Parent signature: _____

Date: _____



OR SHALOM PROMOTIONAL CONSENT

Consent for Release of Photographs, Print Materials and Electronic Media

I hereby grant permission for my child to be photographed, videotaped or interviewed by Congregation Or Shalom or any of its authorized agents, and consent to the publication, broadcast or other use of said material. In addition, intending to be legally bound, I, for myself, my heirs, executors and administrators, release Congregation Or Shalom and any parties acting on its behalf and with its approval, from liability for such use of my child's images or words.

Signature: _____

Date: _____

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EDUCATIONAL INFORMATION

Student's Name: _____

We strive to establish an environment in which all types of learners may thrive. Information you provide about your child's learning strengths and challenges will assist in our efforts to accommodate and provide for those needs and to have appropriate materials in the classroom. It is our experience that when the Education Director is not provided with this information in advance, we are often trying to overcome negative experiences that may inadvertently arise. We want to start the school year positively for each child!

The following would be helpful for our teachers/staff to know. Please circle all that apply:

- Wears glasses/contacts
- Easily upset
- Attention Deficit Disorder
- Hearing difficulty
- Speech problem
- Academically gifted
- Overly active
- Short attention span
- Has a behavior modification plan

Does your child have any of the following that might affect her/his ability to learn? Circle all that apply:

- Reads below grade level
- Has difficulty copying from board
- Dyslexia
- Cannot reproduce on paper what is seen
- Attach an IEP/GIEP and/or list anything you'd like us to know about your child

Is there any special information of which we should be aware (i.e. peanut allergy, carries an epi pen) ?



L'DOR V'DOR • FROM GENERATION TO GENERATION

We'd like to share our school activities with grandparents who may live far away. We will mail them our l'dor v'dor newsletter.

Paternal Grandparents Name:

Street Address, Town, State, Zip Code:

Maternal Grandparents Name:

Street Address, Town, State, Zip Code:

Additional Grandparents Name/Address:

NOTE: We want to be sensitive to the changes in our students' lives. Events such as death, separation, divorce and remarriage can have a tremendous impact on a child. In our desire to be your partner for your children, we request that you alert us with any relevant notification or information, including court orders and agreements. All documents will be kept in the Education Director's office in a confidential file.