

HEBREW CONGREGATION OF SOMERS

**Mail to:** Hebrew Congregation of Somers; PO Box 40; Shenorock, NY 10587; Attention: Tal Hadani-Pease

**HEBREW SCHOOL REGISTRATION**

**DUE AUGUST 27, 2009**

To our new friends, welcome, and to our returning friends, welcome back! It is time to register for Hebrew School 2009/2010! Follow the appropriate directions below. If you need more detailed information about our Hebrew School, please call **914-248-9532**, or call our principal directly at **973-809-4953**.

**Mail all registration material to the address above.**

**For students Age 4 through Seventh Grade:**

To Register for the 2009/10 school year, send **by August 27, 2009:**

1. Hebrew School **Registration Form** (attached)
2. Hebrew School **Medical form** (attached)
3. **Payment In Full** (1)

**For students Grade 9 and older:**

**MOREH CHADASH (TEACHER TRAINING)**

***2009/2009 Tuition Schedule***

<b>Class</b>	<b>Most common age/daytime grade</b>	<b>Schedule</b>	<b>Annual Tuition &amp; Craft Fee</b>
**Holiday Program	4-5 year-olds (students <i>must</i> be four years old to enter the program)	Meets 6 times per year with Gan class and participates in all family Hebrew School programs (schedule established at start of school year)	\$370
Gan	First and Second Graders	Sundays, 10:00 a.m. to 12 noon	\$495*
Alef, Bet	Third, fourth grades	Sundays, 9:00a.m. – 12 noon	\$620*
Gimmel	Fifth graders	Wednesdays, 4:15 p.m. - 6:15 p.m. Sundays, 9:00 a.m. - 12 noon	\$650*
Daled, Hey	Sixth and seventh grades	Wednesdays, 4:15p.m. - 6:15 p.m. Sundays, 9:00a.m. – 12 noon	\$650*
**Moreh Chadash (teacher training)	15 Years of age or older	One Sunday per month, 10-12 noon To be arranged	\$295

\* Tuition for each additional child is discounted \$50

\*\* These programs are available for nonmembers

(1) If you need to discuss financial hardship arrangements, please contact Jill Dayan at 232-5693 or [jaldayan@hotmail.com](mailto:jaldayan@hotmail.com)

# HEBREW SCHOOL REGISTRATION

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## **Basic Info**

Child's Name: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

## **Special Needs**

**Is your child currently receiving any special education services in her/his secular school**

**Yes;**  **No**

**If yes, please describe on the back of this sheet. The information you provide in this section is EXTREMELY IMPORTANT to our providing your child with the best Hebrew School Education possible.**

## **Family Information**

<b>Mother's Name:</b>	<b>Father's Name:</b>
Home phone:	Home phone (if different)
Work phone:	Work phone:
Email:	Email (if different):
Cell phone:	Cell phone:

Parent Home Address & Phone (if different from above): [Indicate:  Mother;  Father]

## **Hebrew School Information**

Hebrew School currently enrolled in or last attended: \_\_\_\_\_

Hebrew School Class currently enrolled in or last attended: \_\_\_\_\_

Hebrew School Class you are requesting if other than the next year: \_\_\_\_\_

## **Daytime School Information**

Daytime School:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Student will be in Grade: \_\_\_\_\_ in 2009/2010 school year

**\*If you need to discuss financial hardship arrangements, please contact Jill Dayan at 232-5693 or [jaldayan@hotmail.com](mailto:jaldayan@hotmail.com)**

**\*For membership information, contact Ellen Most at 914-528-1517 or leave a message at the synagogue at 914-248-9532**

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**MEDICAL RELEASE**

**Student's name:** \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

**Student's Physician's name:** \_\_\_\_\_ *Phone number:* \_\_\_\_\_

*Address:*

**Emergency Contacts:**

<p><b><u>Parent:</u></b>  <i>Name:</i> _____    <i>Home Phone:</i> _____    <i>Cell phone:</i> _____</p>	<p><b><u>Other Emergency Contact:</u></b>  <i>Name:</i> _____    <i>Home Phone:</i> _____    <i>Cell phone:</i> _____</p>
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In the event of an emergency, I hereby give permission to the staff of the Hebrew Congregation of Somers Hebrew School to obtain medical and surgical treatment for my son/daughter \_\_\_\_\_ by a physician or surgeon selected by the hospital.

I also give my permission to inform said physician of my child's medical history or other information, which may be pertinent to his/her emergency medical care.

Please list any medications your child is currently taking: \_\_\_\_\_

Please list **all** your child's allergies: \_\_\_\_\_

Please provide your child's medical history: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**If you have any question, please leave a message at our synagogue 914-248-9532 or call our principal directly at 973-809-4953 or write to [info@hebrewcongregationofsomers.org](mailto:info@hebrewcongregationofsomers.org).**