

HEBREW CONGREGATION OF SOMERS

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

HEBREW SCHOOL REGISTRATION

DUE SEPTEMBER 5, 2011

To our new friends, welcome, and to our returning friends, welcome back! It is time to register for Hebrew School 2011/2012! 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 between 9am and 6pm.

Mail all registration material to the address above.

For students Age 4 through 9th Grade:

To Register for the 2011/2012 school year, send **by September 5, 2011:**

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

For students Grade 10 and older:

MOREH CHADASH (TEACHER TRAINING) - TBA

2011/2011 Tuition Schedule

Class	Most common age/daytime grade	Schedule	Annual Tuition & Craft Fee
**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*
**Hebrew High School	Hebrew School graduates or 8 th grade and older	Sundays, 10 a.m. - noon	\$495
**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

HEBREW SCHOOL REGISTRATION

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

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

Mother's Name:	Father's Name:
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 2011/2012 school year

***If you need to discuss financial hardship arrangements, please contact Jill Dayan at 232-5693 or jaldayan@hotmail.com**

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

MEDICAL RELEASE

Student's name: _____ *Date of Birth:* _____

Student's Physician's name: _____ *Phone number:* _____

Address: _____

Emergency Contacts:

<p><u>Parent:</u> <i>Name:</i> _____ <i>Home Phone:</i> _____ <i>Cell phone:</i> _____</p>	<p><u>Other Emergency Contact:</u> <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 **all** 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.