

Welcome to HCS Hebrew School; an inclusive, loving community!

Hebrew Congregation of Somers Hebrew School Student Registration 2023-2024

* To enroll in Hebrew school, your child must be a current member of Hebrew congregation of Somers.

Please mail with check for tuition to:
Hebrew Congregation of Somers; PO Box 40; Shenorock, NY 10587
attention: Hebrew School

Parents/Caregivers:

Name (s) _____

Address/Addresses _____

Email (s) _____

Phone # (s) _____

Please complete one registration form for each child.
PLEASE ADD \$85 per child for curriculum and materials fee. Thank you!

Student's LAST Name	Student's First Name	Date of Birth	M/F/O	Grade 9/23	School District
Check grade		grades	Schedule		Tuition *
		K-1	Sundays: 10:00am-12pm		\$715(+85)
		2-3	Sundays: 10:00am-12pm		\$715(+85)
		4	Sundays: 10:00am-12pm		\$715(+85)
		5-6	Sundays: 10:00am- 12pm & Tuesdays 4:15-6 pm		\$825(+85)
		7-8	Sundays: 10:00am-12pm & Tuesdays 4:15-6 pm		\$825(+85)

* \$50 discount for each additional child

Emergency Contact/Permission to Pick up

In the event of an emergency, we will try first to contact parent(s), so please do **not** enter your own name(s). If one parent is not a member, list their contact information below if appropriate. If you have more than one child, contact names must be the same for each child in the family

<i>list someone other than yourselves</i>	name	phone(s)	relationship
emergency/pickup contact for family			
additional emergency/pickup contact			

Current allergies (list here)

allergy severity – check all that apply. You **must** bring in any checked medications along with administration instructions by the first day of school. mild (no medication provided to school)

not severe: may need Benadryl or _____. Medication and instructions provided to school severe – epipen/auvi-q and instructions provided to school.

my child may not eat or drink anything other than food sent by us or water and _____ juice(s) my child knows what s/he may eat or drink and may eat food provided by school

current medications:

If your child has any physical, medical, learning, social or behavioral issues that we should be aware of, please enter them here. We welcome your child with open arms, and strive to create as supportive an environment as possible. We appreciate this information and will keep it confidential. If your child has an IEP or 504 Plan at school, we would greatly appreciate if you could attach it here or send to Jill: hcsprogramming@gmail.com.

Would you like us to contact you to arrange a confidential meeting to discuss any areas of concern prior to the start of the religious school year? yes no best contact # or email:

In an emergency, the staff of Hebrew Congregation of Somers(HCS) has my permission to contact "911" and request the assistance of a rescue squad. HCS and the rescue squad have my permission to take my child to the emergency room of the nearest hospital. The rescue squad, hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Hebrew Congregation of Somers may photograph my child for anonymous (unlabeled) use in publicity, publications and/or website unless I have notified the Temple otherwise.

Signature of Parent

Date

Do you have any special interests that you would like to share with our Hebrew School and synagogue community at large?

Thank you! We are so excited to have a wonderful Hebrew School year together!