

***Welcome to HCS Hebrew School; an inclusive, loving community! Hebrew Congregation of Somers
Hebrew School Student Registration 2025-2026***

* To enroll in Hebrew school, your family 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 \$95 per child for curriculum and materials fee. Thank you!

Student's LAST Name

Student's First Name

Date of Birth

M/F/O_____ Grade 9/25_____ School District_____

Check grade

Tuition*

____ grades K-4

Sundays: 10:00am-12pm

\$925(+\$95)

____ grades 5-7

Sundays: 10:00am-12pm &
Tuesdays 4:15-6 pm

\$1050(+\$95)

Second Student's LAST Name

Second Student's First Name

Second Student's Date of Birth

M/F/O _____ Grade 9/25 _____ School District _____

Check grade

Tuition*

_____ grades K-4 Sundays: 10:00am-12pm \$875(+ \$95)

_____ grades 5-7 Sundays: 10:00am-12pm &
Tuesdays 4:15-6 pm \$1000(+ \$95)

Third Student's LAST Name

Third Student's First Name

Third Student's Date of Birth

M/F/O _____ Grade 9/25 _____ School District _____

Check grade

Tuition*

_____ grades K-4 Sundays: 10:00am-12pm \$875(+ \$95)

_____ grades 5-7 Sundays: 10:00am-12pm &
Tuesdays 4:15-6 pm \$1000(+ \$95)

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

List someone other than yourselves.

NAME

PHONE

RELATIONSHIP

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 Ann: hcseddirector@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?

Hebrew Congregation of Somers may photograph my child for anonymous (unlabeled) use:

- ___ Within the synagogue
- ___ On our website
- ___ On Social Media
- ___ In Print Media

___ I hereby give permission to have my child listed in the Hebrew School Directory.

Hebrew Congregation of Somers is thrilled to enroll your child in [PJ Library](#)!

PJ Library sends high-quality Jewish children's books to families around the world every month, completely free. The stories, along with PJ Library's vast online resources and community events, spark conversations that inspire the whole family to celebrate what they love about Jewish life. Families with children ages 0-8 are automatically enrolled in PJ Library; look out for your first storybook in the next few weeks. Families with children ages 9-12 are invited to sign up for PJ Our Way, PJ Library's chapter book program at pjourway.org.

___ Yes! Please sign up my child(ren) for free Jewish books from PJ Library.

___ Yes! We already receive PJ Library for one child, but our other child(ren) is not yet signed up.
Please sign them up for their own age-appropriate books.

___ Every child in our home already receives their own PJ Library book.

____ My child(ren) has aged out of PJ Library.

____ No one in my family identifies as Jewish; I will access PJ Library's free online resources instead.

PJ Library is intended for families raising children with Judaism as a part of their lives.

____ I confirm that my family includes Jewish member(s) and is eligible for PJ Library. By sharing the following information I acknowledge it will be shared with PJ Library in order to begin receiving free monthly books.

Parent first and last name:

Email address:

Mailing address:

Phone number:

Child(ren)'s first and last name:

Child(ren)'s date of birth:
