

SJCC Bnai Aaron Open Hebrew School Registration Form 2009-2010

Please complete both sides of this form.

(Note: This application cannot be processed unless previous financial obligations have been met or if other arrangements have been made with the Executive Director.)

Session: Mechina (K), Aleph (Grade 1), & Bet (Grade 2): Sundays 9:00am-12:30 pm

Tuition: SJCC BA Member Rate: \$650

Non Member Rate: \$775

Gimel to Zayin (Grades 3 -7): Sun. 9:00am-12:30 pm & Wednesdays 4:15pm- 6:15pm

Tuition: SJCC BA Member Rate: \$1,025

Non Member Rate: \$1,275

By September 9th, all school fees must be paid in full according to one of the five payment options.*

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Secular School Grade as of September 2009: _____ School District: _____

Are you a member of SJCC Bnai Aaron? Yes No

Was your child in our Hebrew school in 2008-2009? Yes No

Have you ever been a member of another synagogue? Yes No

Name of previous synagogue(s) with which you have been affiliated (if applicable): _____

Where did your child go to pre-school: _____

Student lives with: both parents mother father part-time with each parent other _____

Send mail to: both parents mother only father only other _____

Mother's Name: _____ **Mother's Occupation:** _____

Mother's Religion: Jewish by birth Jewish by choice - Name of Rabbi who supervised conversion _____

Christian Muslim Secular Other: _____

Mother's Hebrew Name: (if applicable) _____

Mother's Address (if different from above): _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

Father's Name: _____ **Father's Occupation:** _____

Father's Religion: Jewish by birth Jewish by choice (name of Rabbi who supervised conversion) _____

Christian Muslim Secular Other: _____

Father's Hebrew Name (if applicable): _____

Father's Address (if different from above): _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

For Office Use Only

Member Account: _____ Class Assignment: _____

Registration Fee Received Check # _____ Amount: _____

***See attached form for SJCC BA payment options. Thank you.**

In order to help us provide the best educational situation for your child, the following information would be helpful. Please check all that apply.

- Wears glasses Wears contact lenses Speech problem Hearing difficulty
- Comprehension problem Short attention span Overly active Easily upset
- Other. Please explain: _____

Please check if your child has any problems learning English which could affect his/her ability to learn Hebrew:

- Dyslexia Reads below grade level Has difficulty copying from the board
- Cannot reproduce on paper what is seen on board or in books
- Other. Please explain: _____

Is your child taking any medication? No Yes: (please list): _____

Does your child have any allergies? No Yes: (please list): _____

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If there is an emergency and we are unable to reach the parents, please give us the names of persons to be notified:

Name: _____ Telephone: _____

Relationship to Student: _____

Name: _____ Telephone: _____

Relationship to Student: _____

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

***If the injury is minor, give my child first aid Yes No

***If illness or injury is serious and the parent cannot be reached, please contact our personal physician or dentist

Yes No

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical Insurance Company Name: _____

Group ID#: _____ Plan #: _____

In case of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that every effort will be made to contact me immediately.

Parent Signature: _____ Date: _____

I give permission for my child's address and phone number to be printed in the School Directory. Yes No

I give permission for my child's photograph to be used in the synagogue newsletter, web site, or in the local press in conjunction with educational matters. Yes No

Educational Field Trip Waiver

My child has my permission to go on educational trips sponsored by the Open Hebrew School of Suburban Jewish Community Center Bnai Aaron. I understand that I will be informed of all such trips ahead of time. (This form simply serves as permission in case the primary form is forgotten.) I understand that students may travel by bus and/or private car and will be accompanied by staff and/or parents. I understand that every reasonable effort will be taken to insure my child's well being and safety during these supervised activities.

Parent Signature: _____ Date: _____