



2018-2019 (5779)

Religious School Registration

Congregation Emanu-El of the City of New York

To enroll in the Religious School of Congregation Emanu-El, the student's legal guardian must be a member of the congregation. For membership information, please call the Membership Office at (212) 507-9514 or visit us at www.emanuelnyc.org to download an application.

GENERAL INFORMATION

Please complete one registration form for each student. You may contact the Religious School office at school@emanuelnyc.org or (212) 507-9546 to have forms sent to you, or download them from the Temple website (www.emanuelnyc.org/RSforms). If you are registering a returning student, you may contact the Religious School office for an individualized form based on last year's registration information.

Name of Student: _____ Nickname: _____ Gender: _____

Address: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Secular School: _____ Grade (2018-2019): _____

Student attended Congregation Emanu-El's Religious School in a prior year: ___Yes ___No

Name of Adult 1: _____ Relationship: _____

Address (if different than above): _____
Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Name of Adult 2: _____ Relationship: _____

Address (if different than above): _____
Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

If at a different address, does Adult 2 require duplicate mailings? ___Yes ___No

EMERGENCY CONTACT INFORMATION

In case of emergency, Congregation Emanu-El will contact Adults 1 and 2 listed above. If there are additional Emergency Contacts, please provide the information here:

Emergency Contact #1 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information: _____

Emergency Contact #2 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information: _____

MEDICAL INFORMATION

Please remember to inform the Religious School office if there are changes in the student's health over the course of the year. All medical information is kept strictly confidential.

In the event no one can be reached, I give permission for the staff of Congregation Emanu-El to take whatever emergency measures are necessary: ___ Yes ___ No

Is your child regularly on any medication? ___ Yes ___ No

If yes, please describe:

School personnel are not permitted to administer medication to students; if your child will require the above medication during Religious School hours, please detail the method by which your child will receive this medication:

Please describe any allergies or special medical conditions: _____

In the unlikely event of a medical emergency while your child is in school, please provide the following information:

Physician's Name: _____ Phone Number: _____

Sign here to indicate that all medical information is clear and accurate: _____

STUDENT PLACEMENT INFORMATION

Students in grades **Pre-K-6** attend one day a week, either on Sundays or Mondays. **Seventh graders** participate in Mitzvah Corps, attending learning and reflection sessions during school hours on Sundays or Mondays; action sessions meet according to a special calendar. **Eighth graders** participate in Tzedek League twice monthly: one Sunday Summit (5-7pm) and one volunteer session. Full Religious School, Mitzvah Corps and Tzedek League calendars will be available in August.

Please register my child for Religious School as follows:

- Sundays, 9:30 A.M. – 12 P.M. (PreK-6th grade & 7th grade Mitzvah Corps)
- Mondays, 4 P.M. – 6 P.M. (PreK-6th grade & 7th grade Mitzvah Corps)
- Tzedek League (8th grade)

To build classroom community, we endeavor to honor students' requests to be placed with friends.

My child would prefer to be placed in the same class as one of the following students:

My child has prior knowledge of Hebrew: Yes No If yes, please describe: _____

If there are any special learning needs, issues or other concerns regarding your child that you would like to confidentially share with us, please check here: _____

A good time for you to be reached to discuss this matter is: _____

RELIGIOUS SCHOOL DISMISSAL INFORMATION

We are committed to ensuring the safety of our students at all times while at Congregation Emanu-El. No student will be allowed to leave Religious School unaccompanied by an adult, unless permission is given below.

My child has my permission to leave Religious School unescorted at the end of the day.

My child is only allowed to leave Religious School escorted by an adult. In addition to Adult 1 & 2 indicated on Page 1 of this registration form, please let my child leave with the following adults:

- Name: _____ Phone Number: _____ Relationship: _____
- Name: _____ Phone Number: _____ Relationship: _____
- Name: _____ Phone Number: _____ Relationship: _____

ADDITIONAL PROGRAMS FOR STUDENTS

We are interested in learning more about the following programs occurring outside of school hours:

- Skype Hebrew Enrichment
- Rosh Hodesh: It's a Girl Thing! (6th-7th grade girls)
- Shofar Corps (Pre-K-7th grade)
- Teen Philanthropic Committee (8th grade)
- Newspaper (3rd-7th grade)
- Trip to New Orleans (8th grade)
- Student Council (4th-7th grades)
- Family Israel Trip (December 2018)
- Youth Group Events (5th-7th grade)

ADULT VOLUNTEER OPPORTUNITIES

Please contact me regarding the following volunteer opportunities for adults:

- Volunteering in the Religious School (while your child is in school)
- Volunteering at Family Programs (outside of school hours)
- Parent Ambassadors
- Tikkun Olam Committee/Mitzvah Day Activities
- Volunteering for Sunday Lunch Program

COMMUNICATIONS

We respect your right to privacy and therefore are requesting your permission for the following:

If you **do not** want your name and contact information (address, home phone and email) included in the Religious School Parent/Student Directory, initial here: ____

It is our policy to not identify any students by name in Temple publicity. If you **do not** authorize Congregation Emanu-El to use photographs and recordings of your child on the Temple website, in print materials and other media for the promotion of and public education about our programs, initial here: ____

ADDITIONAL FAMILY INFORMATION

We'd like to learn a bit more information about your family.

Student attended Temple Emanu-El's Nursery School: ____Yes ____No

Family participated in Temple Emanu-El's Young Families Group/Tot Shabbat: ____Yes ____No

Student attends the following summer camp: _____

Does your family have additional children who have never been registered for our Religious School? Yes:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Describe any skill, area of expertise or resource you or a member of your family could offer the Religious School community:

SIGNATURE

*By signing this form you are confirming that the above information is correct. Religious School fees for the 2018-2019 academic year are \$1575 per student. A \$100 discount per student will be issued to any family who **registers in full** by submitting a completed form and full tuition payment by **June 29, 2018**. To pay online by credit card, go to www.emanuelnyc.org/payment.*

Print Name: _____

Signature: _____ Date: _____

RETURNING THE REGISTRATION FORM

*Please return the completed form to the Religious School office by **June 29, 2018** to ensure that your child is placed in his or her first-choice class.*

Forms can be returned by mail:

Religious School Office
Congregation Emanu-El
One East 65th Street, 6th Floor
New York, NY 10065

By email:

school@emanuelnyc.org

By fax:

(212) 570-0826

For questions or to receive additional copies of this form by mail or email, please call the Religious School office at (212) 507-9546 or send an email to school@emanuelnyc.org. Forms also can be downloaded from the Temple website at www.emanuelnyc.org/RSforms.