

2017-2018 (5778) 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 I	Birth:
Home Phone:	Email:	
Secular School:	Grade (2	2017-2018):
Student attended Congregation Eman	u-El's Religious School in a prior year:	_YesNo
Name of Adult 1:	Relation	nship:
Address (if different than above):		
Home Phone:	Work Phone:	
Mobile Phone:	Email:	
Name of Adult 2:	Relation	nship:
Address (if different than above):		
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 per	mission f	for the staff o	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 e	mergency	while you	r child is in	school,	please provid	le the fo	ollowing
information:									

Physician's Name:		Phone Number:	
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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. 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-6 th grade)	Mitzvah Corps, Sunday/Monday (7 th grade)
Mondays, 4 P.M. – 6 P.M. (PreK-6 th grade)	Tzedek League (8 th 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:

ONLINE HEBREW ENRICHMENT

We offer weekly one-on-one Hebrew sessions with our faculty outside of Religious School hours, via Skype, free-of-charge. For more information, check here _____.

FAMILY ISRAEL TRIP

__ Parent Ambassadors

Join Rabbi Joshua Davidson, Saul Kaiserman, and their families for an unforgettable 10 day journey. December 23, 2018 – January 1, 2019. For more information, check here _____.

ADULT VOLUNTEER OPPORTUNITIES

Please contact me regarding the following volunteer opportunities for adults:

- _____ Volunteering in the Religious School _____ Volunteering at Family Programs
 - (while your child is in school) (outside of school hours)
 - _____ Tikkun Olam Committee/Mitzvah Day Activities

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

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 Gro	oup/Tot Shabbat:YesNo
Does your family have additional children who have never been	registered for our Religious School? Yes:
Name:	Date of Birth:
Name:	Date of Birth:

SIGNATURE

By signing this form you are confirming that the above information is correct. Religious School fees for the 2017-2018 academic year are \$1450 per student. A \$50 discount per student will be issued to any family who registers in full by submitting a completed form and full tuition payment by June 30, 2017. 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 30** to ensure that your child is placed in his or her first choice class.

Forms can be returned by mail:	By email:	By fax:
Religious School Office	school@emanuelnyc.org	(212) 570-0826
Congregation Emanu-El		
One East 65 th Street, 6 th Floor		
New York, NY 10065		

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.