



Temple Israel of Northern Westchester
Center for Jewish Learning

2017/2018

5777/5778

Your child's grade
in September:

Student Information-please complete one form per child

Student's Name: _____ D.O.B. ____/____/____

Student's Hebrew Name: _____

Street: _____

Town: _____ N.Y. Zip Code _____

Home Phone _____ School District _____

In the event we cannot reach a parent, please provide us with an emergency contact:

Name: _____ Phone # _____ Relationship _____

Is this your child's first year at Temple Israel? Yes _____ No _____

If yes, please list other religious schools and grades attended _____

Family Information: (Please list the first parent to be contacted as Parent 1)

Parent 1

Parent 2

_____	Name	_____
_____	Home Address	_____
_____	Home phone #	_____
_____	Cell Phone	_____
_____	Business Phone	_____
_____	Email Address	_____

If your child would like to be placed in a class with a friend, please list ONE name here. We will do our best to honor your request: _____

Please list other children in the family who are not enrolled in the Center for Jewish Learning:

For Office Use Only

Date received _____ Section assigned _____ Chaverware updated _____ Constant Contact _____ Payment rec'd _____



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____YES! I would love to be a class parent and help out with class projects and/or make phone calls and/or send emails to the families. Our teachers welcome and need class parent, so thank you for volunteering.

Special Information: Please share any special information about your child that will help us work with him/her more effectively. *ALL INFORMATION SHARED WILL BE KEPT CONFIDENTIAL!*

1. My child has the following academic, behavioral or special needs at home and in secular school:

2. My child has the following health issues (e.g. allergies) that you should be aware of:


3. My child takes the following medication(s):

4. Please share any other information we should know that will help us to create a safe, effective and meaning educational experience for your child:

Your school fees are in addition to your membership fair share pledge. You are able to pay your pledge in installments but your school fees must be paid before the start of the school year. Please return your registration form as soon as possible. Your membership forms will be mailed to you in June.

Grade	By 6/30/17	After 7/1/17
Kindergarten/1 st grade	\$383	\$395
2 nd grade*	\$640	\$660
3 rd grade – 5 th grade	\$747	\$770
6 th grade – 7 th grade	\$718	\$740
8 th grade & 10 th grade	\$611	\$630
11 th grade & 12 th grade	\$388	\$400
9 th -12 th grade TIPSYP membership		\$36

If there is a chance your child will need an EpiPen, inhaler, Benadryl, etc. during school hours, please provide us with an unopened package of the medication, instructions, and contact phone numbers in a plastic zip-lock bag.





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ORDER FORM ~ PLEASE COMPLETE ONE FORM PER STUDENT

Student's Name: _____ Grade (as of Sept. 2017): _____

GRADE(S)	ITEM	AMOUNT ENCLOSED
6TH	<u>Mishkan T'filah</u> (Prayer Book): \$60 STUDENT'S NAME AS YOU WOULD LIKE IT TO APPEAR IMPRINTED ON THE PRAYER BOOK: _____	
6th - 12TH	Dinner \$115 (Most of the time, dinner will be pizza. Several times throughout the year, we will have special dinners. Participation is optional, your child can "brown bag" a dinner if you prefer)	
7th	Yad \$18 (Your child will create a Yad to use when reading the Torah at his or her Bar or Bat Mitzvah)	
ALL	TEMPLE ISRAEL CANVAS BOOK BAG \$10 (optional, but highly encouraged to keep school materials together)	
	TOTAL	\$

**Voluntary tax-deductible donation to the CJL Enhancement Fund
(This fund is used to cover non-budgeted items for CJL special events and programs)**

\$36 _____ \$72 _____ \$118 _____ \$250 _____ Other _____

School Fees (from page 2) \$ _____

Additional Items (from this order form) \$ _____

TIPSY membership (9th-12th grade only) \$ _____

Donation (optional) \$ _____

Total (please transfer this amount to your membership pledge form) \$ _____



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Photo Consent and Release Form

I/We, the undersigned am/are the parent(s) or guardian(s) of the minor child/children named below. I/We hereby consent, without further consideration or compensation, to allow Temple Israel of Northern Westchester (hereinafter TINW) and or their duly appointed representative or any person(s) acting with their permission to record and publish the likeness or image (full or in part) of my child/children, in all forms including but not limited to still, video or electronic photographic formats with or without sound. These photographic images may be used for whatever lawful purpose they may desire.

Name of Minor Child: _____
Print

Name of Minor Child: _____
Print

If photographic material is published, TINW will take precautionary steps to provide minimal identifying information. No student's name, mailing address, telephone number or e-mail address will be on or published with any photographic image.

Further, I/We release TINW and their duly appointed representative(s) and any person acting with their permission from any and all liability that may arise from the use of these photographic materials.

This consent and release shall remain in full force and effect until withdrawn by me/us in writing.

Signature of Parent / Guardian

Signature of Parent / Guardian

Print

Print

Date: _____, 2017

Date: _____, 2017