



Temple Israel of Northern Westchester  
Center for Jewish Learning

2018/2019

5778/5779

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: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home 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 \_\_\_\_\_ ShulCloud 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 parents, 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 health issues (e.g. allergies) that you should be aware of:

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

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

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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:

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**Your school fees are in addition to your membership fair share pledge. Please return your registration form as soon as possible. Your membership forms will be mailed to you in June.**

Grade	Fees
Kindergarten/1 <sup>st</sup> grade	\$395
2 <sup>nd</sup> grade	\$660
3 <sup>rd</sup> grade – 5 <sup>th</sup> grade	\$850
6 <sup>th</sup> & 7 <sup>th</sup> grade Includes TIPJY dues	\$820
8 <sup>th</sup> & 9 <sup>th</sup> grade includes TIPJY/TIPSY dues	\$695
Confirmation-10 <sup>th</sup> grade includes TIPSY dues	\$750
11 <sup>th</sup> grade & 12 <sup>th</sup> grade	\$400
10 <sup>th</sup> -11 <sup>th</sup> grade TIPSY 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.***

***Name and phone # of prescribing physician***

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**ADDITIONAL INFORMATION**

Student's Name: \_\_\_\_\_ Grade (as of Sept. 2018): \_\_\_\_\_

GRADE(S)	ITEM	AMOUNT ENCLOSED
<b>6<sup>TH</sup></b>	<b><u>Mishkan T'filah</u></b> (Prayer Book): <b>\$60</b>  STUDENT'S NAME AS YOU WOULD LIKE IT TO APPEAR IMPRINTED ON THE PRAYER BOOK:  _____	
<b>6<sup>th</sup> - 12<sup>TH</sup></b>	<b>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)</b>	
<b>7<sup>th</sup></b>	<b>Yad \$18 (Your child will create a Yad to use when reading the Torah at his or her Bar or Bat Mitzvah)</b>	
<b>ALL</b>	<b>TEMPLE ISRAEL CANVAS BOOK BAG \$12 (optional)</b>	
	<b>TOTAL</b>	<b>\$</b>

**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) \$ \_\_\_\_\_

TINW Canvas bag # \_\_\_\_\_ @10/bag \$ \_\_\_\_\_

TIPSY membership (9<sup>th</sup>-12<sup>th</sup> grade only) \$ \_\_\_\_\_

Donation (optional) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_



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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: \_\_\_\_\_, 2018

Date: \_\_\_\_\_, 2018