

Please fill out this form as accurately as possible. Fill in each blank space—all requested information is extremely important.

MEMBERSHIP INFORMATION

We welcome all children at BJ's Hebrew School. In keeping with a synagogue that is inclusive, diverse and egalitarian, we invite families of children with special needs to participate in our school. For complete information about school requirements, curriculum, fees, and school schedule please visit the Hebrew School page on the BJ website, www.bj.org. Note: you may register online if you are paying in full by credit card.

Membership Requirements

We understand that many families are introduced to synagogue life through the Hebrew School. To help us build community and strengthen the connection between the Hebrew School and the synagogue, we have created the following membership requirements:

Families of new students in Gan (kindergarten) and Aleph (first grade) may enroll in Hebrew School without joining B'nai Jeshurun for their first year in school only. There is a \$300.00 non-member surcharge per student.

Families of students in Bet (second grade) and above, as well as families with children in Aleph who are returning to the Hebrew school must be (or become) members of B'nai Jeshurun in order to enroll in the school. Your child(ren)'s registration will be suspended, and you will forfeit your space in the school, if you do not become members of B'nai Jeshurun or renew your membership for the 2010-2011 year by August 1, 2010.

If you have not yet submitted your membership application or renewal you can complete the membership application online or obtain a written application by calling -the Membership Office at 212-787-7600 x250.

1. STUDENT INFORMATION

NOTE: Gan through Bet (kindergarten through second grade) meet only once per week. Zayin (seventh grade) meets once per week, on Thursdays.

We do our best to honor day requests, but must also take class size and gender balance into account. We will notify you of your child's class assignment in mid-August.

HEBREW SCHOOL STUDENT #1:

Child's first name:

Child's last name:

Child's Hebrew name:

Child's birth date:

Gender: Male Female

Born to a Jewish woman Converted (indicate date, below)

Neither

Conversion date (if applicable):

Name of Secular School:

Grade in Secular School in 2010-2011:

Gan through Bet class day preference: Monday Thursday

I allow this child to walk home alone from school: Yes No

HEBREW SCHOOL STUDENT #3:

Child's first name:

Child's last name:

Child's Hebrew name:

Child's birth date:

Gender: Male Female

Born to a Jewish woman Converted (indicate date, below)

Neither

Conversion date (if applicable):

Name of Secular School:

Grade in Secular School in 2010-2011:

Gan through Bet class day preference: Monday Thursday

I allow this child to walk home alone from school: Yes No

HEBREW SCHOOL STUDENT #2:

Child's first name:

Child's last name:

Child's Hebrew name:

Child's birth date:

Gender: Male Female

Born to a Jewish woman Converted (indicate date, below)

Neither

Conversion date (if applicable):

Name of Secular School:

Grade in Secular School in 2010-2011:

Gan through Bet class day preference: Monday Thursday

I allow this child to walk home alone from school: Yes No

OTHER SIBLINGS:

Name: Age:

Name: Age:

Name: Age:

To be Jewish according to the standards of halacha (Jewish law), one must either be born to a Jewish woman or go through a conversion process. We celebrate the diversity of our community at B'nai Jeshurun, and acknowledge that every family is different. While it is not a requirement that children be halachically Jewish to enroll in the Hebrew School, it is a requirement that children be halachically Jewish in order to become bar or bat mitzvah at BJ. Help us look ahead together by indicating which choice applies to your child.

Please fill out this form as accurately as possible. Fill in each blank space—all requested information is extremely important.

2. FAMILY INFORMATION

PARENT/GUARDIAN #1:

Name (first and last):

Relationship to child(ren): Mother Father Other (please specify):

.....

Home phone:

Work phone:

Cell phone:

E-mail address:

Address:

City State: ZIP:

Is this the child's primary residence? Yes No

Occupation:

Religious background:

PARENT/GUARDIAN #2:

Name (first and last):

Relationship to child(ren): Mother Father Other (please specify):

.....

Home phone:

Work phone:

Cell phone:

E-mail address:

Address:

City State: ZIP:

Is this the child's primary residence? Yes No

Occupation:

Religious background:

3. OTHER CONTACT INFORMATION

EMERGENCY CONTACT #1:

Name (first and last):

Phone number during school hours:

EMERGENCY CONTACT #2:

Name (first and last):

Phone number during school hours:

PERSON(S) AUTHORIZED TO PICK UP MY CHILD(REN):

1. Name (first and last):

Phone number during school hours:

2. Name (first and last):

Phone number during school hours:

■ Please inform us of any special arrival or dismissal arrangements for your child(ren):

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4. PERMISSION TO PARTICIPATE IN FIELD TRIPS

I allow my child(ren) to leave the school building for field trips in our school neighborhood. We will notify you when a trip is scheduled.

Yes No

Signature:

Please fill out this form as accurately as possible. Fill in each blank space—all requested information is extremely important.

HEBREW SCHOOL STUDENT #1

Child's name (first and last):.....

Please inform us of any allergies and medical conditions that may impact your child during school hours:.....

Please inform us of all medications your child takes that may impact your child during school hours:.....

May we contact your child's doctor or dentist in case of emergency Yes No

Doctor name (first and last): Doctor's phone number:

Dentist name (first and last): Dentist's phone number:

HEBREW SCHOOL STUDENT #2

Child's name (first and last):.....

Please inform us of any allergies and medical conditions that may impact your child during school hours:.....

Please inform us of all medications your child takes that may impact your child during school hours:.....

May we contact your child's doctor or dentist in case of emergency Yes No

Doctor name (first and last): Doctor's phone number:

Dentist name (first and last): Dentist's phone number:

HEBREW SCHOOL STUDENT #3

Child's name (first and last):.....

Please inform us of any allergies and medical conditions that may impact your child during school hours:.....

Please inform us of all medications your child takes that may impact your child during school hours:.....

May we contact your child's doctor or dentist in case of emergency Yes No

Doctor name (first and last): Doctor's phone number:

Dentist name (first and last): Dentist's phone number:

Please fill out this form as accurately as possible. Fill in each blank space—all requested information is extremely important.

Privacy Notice

We will use this information only to enrich your child(ren)'s learning experience. Confidentiality will be maintained at all times, and this information will be shared only with your child(ren)'s teachers and our learning specialist when appropriate.

HEBREW SCHOOL STUDENT #1

Child's name (first and last):.....

Does your child have any type of special learning need? Yes No

If yes, please specify

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

Yes No If yes, please specify

Is there any other information you think we should know about your child to help create a safe, effective, and meaningful educational experience?

.....
.....

HEBREW SCHOOL STUDENT #2

Child's name (first and last):.....

Does your child have any type of special learning need? Yes No

If yes, please specify

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

Yes No If yes, please specify

Is there any other information you think we should know about your child to help create a safe, effective, and meaningful educational experience?

.....
.....

HEBREW SCHOOL STUDENT #3

Child's name (first and last):.....

Does your child have any type of special learning need? Yes No

If yes, please specify

Does your child receive any special services at secular school, such as special education classes, resource room pull-out programs, or other services?

Yes No If yes, please specify

Is there any other information you think we should know about your child to help create a safe, effective, and meaningful educational experience?

.....
.....

I[We], Parent/Guardian[s] of the child[ren] on behalf of whom this application is made to B'nai Jeshurun Hebrew School, give B'nai Jeshurun the irrevocable right to use pictures, photographs and video taken at BJ Hebrew School events which include him[her/them] for editorial or promotional purposes in any media, including print, online, and video, as well as any and all media now or hereafter known, and waive any right to inspect or approve the finished version[s], including written copy that may be created in connection therewith, without compensation.

Furthermore, I[We] hereby acknowledge that such photographs are the property of B'nai Jeshurun, and that it shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

B'nai Jeshurun will adhere to the following limitations on the rights granted to it.

The names of children under the age of 18 will not be published at any time.

Requests by adults that photographs of themselves or their minor children be removed from the BJ website will be honored.

Signature of Parent (or Guardian): **Date:**

Please fill out this form as accurately as possible. Fill in each blank space—all requested information is extremely important.

Name of Parent/Guardian #1:

Name of Parent/Guardian #2:

2009-2010 B'NAI JESHURUN HEBREW SCHOOL TUITION

Table with 2 columns: Grade (Gan, Aleph, Bet, Gimmel, Dalet, Hey, Vav, Zayin) and Tuition Amount (\$950.00 to \$1600.00).

* Tuition for a student in Gimmel, Dalet, and Hey includes a fee for the Reach for Shabbat Family Retreat which includes all programming, housing and meals for the student plus one parent.

I acknowledge that the RFS retreat is part of the BJHS curriculum. My child and at least one adult will attend the RFS Retreat, 10/15-17, 2010.

When BJ Membership is REQUIRED

If you are a returning Hebrew School family, OR if you are a new family with children in Bet (second grade) or older, you must become a member of B'nai Jeshurun to enroll in the Hebrew School.

Non-Member Surcharge

If your family is new to the Hebrew School AND all your children are in Gan (kindergarten) or Aleph (first grade) and you do not plan to join BJ this year, there is a \$300.00 non-member surcharge per STUDENT.

Multi Child Discount

If your family is enrolling more than one child in Hebrew School, you may deduct \$200.00 from your total tuition (this multi-child discount is PER FAMILY, not per child).

Late Fee

If you are registering later than July 15th, there is a \$150 late fee per STUDENT.

Please be aware that any payment received by Congregation B'nai Jeshurun will be used to pay off the most outstanding balances. For example, if you have membership balances that pre-date the current year, your new payment will be used to pay the oldest balance first and will not be applied toward 2010-2011 Hebrew School tuition.

HEBREW SCHOOL STUDENT #1

Child's name (first and last). Tuition amount: \$
Grade:

HEBREW SCHOOL STUDENT #2

Child's name (first and last). Tuition amount: \$
Grade:

HEBREW SCHOOL STUDENT #3

Child's name (first and last). Tuition amount: \$
Grade:

Please consider making a contribution to help fund

BJ Hebrew School student scholarships Scholarship donation: \$

You may pay by check or with a Mastercard, Visa, or AmEx (please fill in credit card information below).

Please make checks payable to Congregation B'nai Jeshurun and mail to: Congregation B'nai Jeshurun, Att: Hebrew School, 2109 Broadway, Suite 203, New York, NY 10023

Multi-child discount? \$

Non-member Surcharge? \$

Late Fee(s)? \$

TOTAL TUITION DUE: \$

Payment is due in full at the time of registration. If you would like to set up a payment plan or receive a financial aid application, please contact the Hebrew School office at 212-787-7600 x260.

Refunds less \$300.00 will be provided up to October 15, 2010; no refunds will be provided thereafter.

Please indicate the amount you are enclosing with your application: \$

CREDIT CARD INFORMATION

Mastercard Visa AmEx Name as it appears on card:

Card number: Expiration date:

Indicate amount to charge to credit card: \$

Cardholder signaturer: Date: