

Adath Israel Religious School 2009-2010 Registration Form for New Students

FAMILY INFORMATION

Date: _____

(Please advise the office as any changes to this information occur)

Name of family: _____

Address _____

Home phone: (____) _____

E-mail: _____

Custodial Parent(s) _____

Father's work phone: (____) _____

Father's cell phone: (____) _____

Mother's work phone: (____) _____

Mother's cell phone: (____) _____

Should duplicate information and mailings be sent to another person(s): Yes No

If you answered "yes" to the previous question, please complete the following information for that person(s):

Name(s) _____

Address: _____

Phone: (____) _____ E-mail _____

Please indicate the program you child will be entering by checking the appropriate box according to the following codes:

PS - Pre-School (3-4 years) – Sundays, 9:30-11:30 a.m.

G/A – (Kindergarten), Alef (1st grade) – Sundays, 9:30 a.m. to 11:30 a.m.

B-Z - Bet through Zayin (grades 3 through 7) – Sundays, 9:30 a.m. to 12:30 p.m. and
Tuesdays, 4:30 p.m. to 6:30 p.m.

C – Confirmation (grades 8 through 10) – Dates and times to be announced

CHILD(REN)'S INFORMATION: (Please list children in order by age – eldest to youngest)

Name: _____ Hebrew name: _____

Date of Birth: _____ Program Code PS G/A B-Z C

Is this the child's first year attending Religious School? Yes No

If you answered "no" to the previous question, what class was the child in last year at Adath or other Religious School?

Class: _____ Adath Other _____

Public Private School Information – Name _____

Phone number: (____) _____ Student's grade as of September: _____

CHILD(REN)'S INFORMATION: (continued)

Name: _____

Hebrew name: _____

Date of Birth: _____

Program Code PS G/A/B G-Z C

Is this the child's first year attending Religious School? Yes No

If you answered "no" to the previous question, what class was the child in last year at Adath or other Religious School?

Class: _____ Adath Other _____

Public Private School Information – Name _____

Phone number: (____) _____

Student's grade as of September: _____

Name: _____

Hebrew name: _____

Date of Birth: _____

Program Code PS G/A/B G-Z C

Is this the child's first year attending Religious School? Yes No

If you answered "no" to the previous question, what class was the child in last year at Adath or other Religious School?

Class: _____ Adath Other _____

Public Private School Information – Name _____

Phone number: (____) _____

Student's grade as of September: _____

PRE-SCHOOL CHILDREN: Please list other children in your family under the age of 5 (as of September):

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

ADDITIONAL FAMILY INFORMATION

We invite you to provide email and/or mailing addresses for your child(ren)'s grandparents so that we May extend invitations to them for special events during the school year:

Name: _____

Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

Adath Israel Religious School 2009-2010 Fee Schedule

	Postmarked on or before <u>6/22/09</u>	Postmarked on or later than <u>6/23/09</u>
Sunday, Pre-School (3-4 years)	\$125.00	\$135.00
Gan-Alef, Kindergarten, 1 st Grade) - 9:30-11:30 a.m.....	\$430.00	\$490.00
Bet through Zayin (Grades 2 through 7)	\$640.00	\$700.00
Confirmation (Grades 8 through 10).....	\$430.00	\$490.00
Book and Material Fee - \$42.00 per child (Pre-School-Zayin).....	\$42.00	\$42.00
PTO Fee - \$45.00 per Family.....	\$45.00	\$45.00
*Bar/Bat Mitzvah Fee (\$515.00 Payable 1 year in advance).....	\$ _____	\$ _____
**Voluntary Contribution to the Scholarship Fund.....	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
PAYMENT ENCLOSED	\$ _____	\$ _____
BALANCE DUE	\$ _____	\$ _____

IMPORTANT DATES:

JUNE 22ND - All forms (Registration Form, Student Profile, Emergency Medical Form, PTO and Religious School Volunteer Form, Parent Permission Form) along with a tuition deposit of **\$100.00 per child** (checks made payable to Adath Israel) are due.

AUGUST 17TH – Fall Semester Tuition and Fees Due

SUNDAY, SEPTEMBER 13TH – Opening Session – Pre-School through Confirmation

DECEMBER 21ST – Spring Semester Tuition Due

Registration Checklist for the 2009-2010 School Year:

- Complete the Registration Form
- Complete the Confidential Student Profile – one form for each child
- Complete the Emergency Medical Form
- Complete the Parent Permission Form
- Complete the PTO & Religious School Volunteer Form and submit with a check for \$45.00 per family
- Complete Payment Form
- Submit all of the above to the Adath Israel Religious School office by June 22nd.

Questions?? *Please call the Adath Israel office at (609) 896-4977 between 9:00 a.m. and 4:00 p.m.*

Adath Israel Religious School 2008 - 2009 Student Profile

CONFIDENTIAL

Student's Name _____

Grade: _____

Does your child have any physical and/or medical conditions of which the school needs to be aware?

Yes No

If yes, please explain:

Does your child have any allergies?

Yes No

If yes, please explain:

Does your child have any emotional, social, or behavioral issues (i.e., a learning disability such as ADD or ADHD, a perceptual or hearing impairment, dyslexia, etc.) that might affect his/her classroom performance?

Yes No

If yes, please explain:

Does your child have an IEP or Behavioral Management Plan with learning strategies?

Yes No

If yes, please explain:

Please provide any additional information that you feel would help to enhance your child's educational experience and successfully achieve your child's educational goals.

We encourage you to contact Hedda S. Morton, our Director of Congregational Learning, to discuss any concerns or issues you might

Have related to your child's learning experience. You may schedule an appointment by calling the Adath Israel Office at (609) 896-4977. All meetings should be held prior to the opening of school so that your child receives The best learning experience possible.

Parent Signature

2009-2010 Adath Israel Religious School
Emergency Medical Form

Family Name: _____
Address: _____
Home phone: (____) _____
Father's Name: _____
Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____
Mother's Name: _____
Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____
Doctor's Name: _____ Phone: (____) _____
Hospital Preference: _____ Phone: (____) _____
Insurance Information: _____
Emergency Contact Person: _____ Phone: (____) _____
Emergency Contact Person: _____ Phone: (____) _____
Other Information _____

Please fill out information for each child enrolled in Religious School

Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
 Hey Vav Zayin Confirmation

Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
 Hey Vav Zayin Confirmation

Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
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Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
 Hey Vav Zayin Confirmation

Parent Signature

(Please advise the office as any changes to this information occur)

Adath Israel Religious School

1958 Lawrenceville Road
Lawrenceville, New Jersey 08648
609-896-4977 www. Adathisraelnj.org

2009-2010 Parent Permission Form

YES, you may publish my child(ren)'s photo or work. Please check all that apply:

- Video
- Adath's website (Names are NOT used on the website)
- Student work
- Local Publications
- Adath Israelight
- Names Used (exception: Names are NOT used on the website)
- No Names Used

I, as parent or guardian of the child(ren) listed below, understand that his/her art work, writing, and/or photo may be published on the Internet and/or local publications. No home address or telephone number will appear with my child(ren)'s picture, name, or work. I understand that my child(ren) will retain all copyright and other intellectual property rights to such work.

Child's name: _____ Grade: _____
Child's name: _____ Grade: _____
Child's name: _____ Grade: _____

Parent's Signature _____ Date _____

.....

NO, do not publish my child(ren)'s photo or wor

Child's name: _____ Grade: _____
Child's name: _____ Grade: _____
Child's name: _____ Grade: _____

Adath Israel Religious School

2009-2010 PTO & Abrams Hebrew Academy School Volunteer Form

All families in the Religious School are members of the Parent Teacher Organization and contribute \$45.00 Annually. PTO provides all Religious School and Abrams Families with a membership directory and a Variety of special school-wide activities including holiday celebrations (Sukkot, Hanukkah, Tu B'Shevat, Purim, Passover, Yom Ha'atzmaut, and year-end programs). We hope that every family will volunteer To assist in the planning and/or implementation of at least two PTO events.

*We need your personal involvement as well as your financial commitment to make these events happen!
Thank you for all your help and support!*

Enclosed is our check for \$45.00 made out to Adath Israel Congregation for the family of:

Family's Name: _____

Address _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Names and grades/classes of all the children attending Adath Israel Religious School or Abrams Hebrew Academy:

Name: _____ Grade/Class _____

Name: _____ Grade/Class _____

Name: _____ Grade/Class _____

When are you available to work on PTO Projects?

Sundays Tuesday Afternoons Other: _____

We invite you to sign up to work on as many activities or events that interest you. Please indicate if you would Like to co-chair an activity.

- HOMEROOM PARENT** (Primary responsibilities are to relay snow closings and other important messages, and to help organize classroom activities or Abrams Hebrew Academy liaison).
- "BE A BUDDY"** to a new family in the Religious School (Provide information and a friendly face to a new family. We will try to match families with children in the same grade. It's a great way to introduce new families to Adath and to make new friends.
- SCHOOL PHOTOGRAPHER** to photograph school evens throughout the year.
- PTO STEERING COMMITTEE MEMBER**

Volunteers are needed! Please help us by signing up for two or more events:

- | | |
|---|---|
| <input type="checkbox"/> Schmooze Time Café | <input type="checkbox"/> Primary Social (Gan, Alef, Bet) |
| <input type="checkbox"/> Sukkot Celebration | <input type="checkbox"/> Purim Carnival |
| <input type="checkbox"/> Hanukkah Program | <input type="checkbox"/> Passover Program |
| <input type="checkbox"/> Tu B'Shevat Celebration | <input type="checkbox"/> Yom Ha'atzmaut Program |
| <input type="checkbox"/> Consecration
<i>Gimmel Class & Abrams 3rd grade)</i> | <input type="checkbox"/> Confirmation Services/Celebration
<i>(Confirmation Parents)</i> |
| | <input type="checkbox"/> End of the Year Celebration |

Other Ideas: _____

Please check any special interests, skills, talents, or hobbies you can share with the school:

- Fundraising Public Relations Development Advertising Marketing Drama Music
 Dancing Sports & Games Writing Cooking Arts Crafts Needlework

Other: _____

~ Please return this form with your School Registration ~