

Westchester Jewish Center Religious School

Rockland & Palmer Avenues ✕ Mamaroneck, NY 10543 ✕ (914) 698-2966 ✕ FAX:(914) 698-3610 ✕ www.wjcenter.org

REGISTRATION FORM 2010 – 2011

IMPORTANT: ARE YOU A WJC MEMBER? Yes No

Registration Forms are to be returned to the School with REQUIRED Deposit – Balance Due WHEN SCHOOL BEGINS

Gan = K Alef = 1 Bet = 2 Gimel = 3 Dalet = 4 Hey = 5 Vav=6 Zayin=7

Child’s Last Name: _____ Child’s First Name: _____

Child’s Hebrew Name: _____ Sex of Child: M F Birth Date: _____

Religious School Grade as of this coming 9/10: _____ Name of Public School as of 9/10: _____ Grade as of 9/10: _____

Mother’s Name: _____ Business Telephone: _____ Cell/Pager: _____

Father’s Name: _____ Business Telephone: _____ Cell/Pager: _____

Home Address: _____

Home Telephone: _____ Fax: _____ Email: _____

Is there anything you would like the Educational Director to know when placing your child in a class/section? _____

PRIMARY SCHOOL GRADES K - 2: Section Preference

Gan: Sunday 9:00 AM Sunday 11:10 AM
Alef: Sunday 9:00 AM Sunday 11:10 AM
Bet: Sunday 9:00 AM Sunday 11:10 AM
Kochavim (1st and 2nd Grade): Tuesday: 4:00 PM

REQUIRED DEPOSITS ARE AS FOLLOWS:

ONE DAY \$360
KOCHAVIM \$200
GIMEL – VAV \$710
ZAYIN \$675
HIGH SCHOOL \$390

RELIGIOUS SCHOOL GRADES 3 - 5: Section Preference:

Monday/Wednesday 4:00 PM & Sunday 9:00 AM
Tuesday/Thursday 4:00 PM & Sunday 11:10 AM

**NOTE: ALL VAV CLASSES MEET MONDAY & WEDNESDAY at 4:00 pm and SUNDAY at 9:00 am
ALL ZAYIN CLASSES MEET THURSDAY 4:00-7:00 pm and SUNDAY 11:10-1:10 pm**

**THE FOLLOWING CONFIDENTIAL INFORMATION WILL HELP US TO
EDUCATE YOUR CHILD AND TO KEEP THEM SAFE**

▪ **Does your child have or has your child ever had?**

Bee Sting Allergy: YES NO Explain: _____
Nut allergy: YES NO Explain: _____
Pollen allergy: YES NO Explain: _____
Other Allergy: YES NO Explain: _____
Asthma: YES NO Triggered by: _____
Uses an inhaler? _____
Glasses/Lenses: YES NO Explain: _____
Hearing Issues: YES NO Explain: _____
Language Issues: YES NO Explain: _____

▪ **Does your child have any of the following issues in public school?***

A. Distractibility: YES NO
B. Discipline: YES NO
C. Sociability: YES NO
D. Aggressiveness: YES NO

▪ **Does your child have any other medical, physical, learning or emotional needs that the school should consider?*** _____

▪ **Is your child taking any medication(s)?*** YES NO

Name of medication(s) and dosage/timing:* _____

▪ **Does your child receive program modifications in public school?*** YES NO

Please explain: _____

* Please note if you would like our Educational Director to contact you directly to discuss any private issue instead of filling out this form please let us know.

For Emergency Use:

Family Physician: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

NOTE: Please list someone other than parent. This person will be called only if parents cannot be reached.

I hereby state my permission for the staff of WJC to take my child _____ to the Emergency Room of the closest available hospital as determined by the medical emergency personnel of the ambulance in the event that I cannot be reached at any given number and that all necessary treatment can be given at that time.

Parent or Legal Guardian Signature: _____ Date: _____

*PLEASE INFORM US IF ANY INFORMATION REGARDING YOUR CHILD
CHANGES DURING THE SCHOOL YEAR. THANK YOU.*