

Westchester Jewish Center Religious School

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

REGISTRATION FORM 2018-2019

IMPORTANT: ARE YOU A WJC MEMBER? Yes No

Registration Forms are to be returned to the School with REQUIRED Deposit – Balance Due SEPTEMBER 1, 2018

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 9/18: _____ Public/Private School as of 9/18: _____ Grade as of 9/18: _____

Parent's Name: _____ Cell: _____ Other: _____

Parent's Name: _____ Cell: _____ Other: _____

Home Address: _____

Home Telephone: _____

Parent 1 Email: _____ Parent 2 Email: _____

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

Please check grade (when applicable):

- Gan: Sunday 10:00 AM
- Alef: Sunday 10:00 AM
- Bet: Wednesday 3:45 PM & Sunday 10:00 AM
- Gimel: Wednesday 3:45 PM & Sunday 10:00 AM
- Dalet: Wednesday 3:45 PM & Sunday 10:00 AM
- Hey: Wednesday 3:45 PM & Sunday 10:00 AM
- Vav: Thursday 3:45 PM & Sunday 10:00 AM
- Zayin: Thursday 3:45 PM

We need your participation! Our WJC Parents Association organizes and funds all the "little extras" and the "big events" throughout the year, including the Purim Carnival, Siddurim for each Religious School student and Hanukkah Gift Bags.

The Parents Association dues for the 2018-2019 school year are \$40.00 per family. Dues are not included in the tuition fees and are collected separately to help support the many supplemental programs within our school.

Please return with your separate check for \$40, made payable to "WJC Parents Association." Thank you in advance for your support of our school!!!

REQUIRED DEPOSITS ARE AS FOLLOWS:

GAN - ALEF	\$450
BET - VAV	\$890
ZAYIN	\$840

Please return the following to the office or by mail:

- 1) Deposit payment (check made out to WJC) _____
- 2) PA annual dues (check made out to WJC Parents Association) _____
- 3) Code of Conduct Form _____
- 4) Photo Waiver Form _____

*****PLEASE FILL OUT BACK SIDE OF FORM*****

The information in this form is strictly confidential and will only be shared with the Education Director and the teacher of the particular student.

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

Bee Sting Allergy: YES NO Explain: _____
Food or 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: _____

▪ **Does your child have any special needs that affect his/her education?**

A. Sensory Processing issues YES NO
B. Speech Impairment YES NO
C. Difficulties with motor skills YES NO
D. Learning Disability YES NO (please specify below)
E. ADD/ADHD YES NO
F. Emotional/Psychological difficulties YES NO (please specify below)
G. Auditory Impairment YES NO

▪ **If answered yes to any above, please explain:** _____

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

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

▪ **Does your child have an Individualized Education Plan (IEP), 504 Plan or Behavior Intervention Plan in their secular school?** YES NO (if yes, please submit a copy of your child's most recent form to the Education Director. All material is kept private)

▪ **What support services, if any, does your child receive in or out of school?**

A. Resource Room YES NO
B. Speech Therapy YES NO
C. Occupational Therapy YES NO
E. Physical Therapy YES NO

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.