

**Westchester Jewish Center Religious School**

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

**REGISTRATION FORM 2019-2020**

**IMPORTANT: ARE YOU A WJC MEMBER?** Yes  No

**Registration Forms are to be returned to the School with REQUIRED Deposit – Balance Due SEPTEMBER 1, 2019**

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 9/19: \_\_\_\_\_ Public/Private School as of 9/19: \_\_\_\_\_ Grade as of 9/19: \_\_\_\_\_

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 2019-2020 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	\$465
BET - ZAYIN	\$915

**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.**