

REGISTRATION FORM 2020-2021

IMPORTANT: ARE YOU A WJC MEMBER? Yes No

Registration Forms are to be returned to the School with REQUIRED Deposit – Balance Due SEPTEMBER 1, 2020
 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: _____ Gender: M F Birth Date: _____
 Religious School Grade as of this coming 9/20: _____ Public/Private School as of 9/20: _____ Grade as of 9/20: _____
 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

Required Deposits (1/2 Full Tuition) are as follows:

GAN – ALEF	\$480
BET – ZAYIN	\$945

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 PA dues for the 2020-2021 school year are \$40.00 per family. Dues are not included in the tuition fees and are collected separately to help support many of our supplemental programs. Please return with your application a separate check for \$40, made payable to "WJC Parents Association." Thank you!!!

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 _____
- 5) Current Immunization Records _____

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. Speech Therapy YES NO
B. Occupational Therapy YES NO
C. Physical Therapy YES NO

▪ **Is your child current with all immunizations?** YES NO Please make sure to submit all immunization records for your child.

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:** _____