



**SCHOOL REGISTRATION FORMS  
2008 – 2009**

*(Please Return This Form by July 1, 2008)*

*(Please Print)*

**PARENT/GUARDIAN INFORMATION**

**Single Household:**

Parent(s) Name(s): \_\_\_\_\_

Parent/Child Address: \_\_\_\_\_  
Street City Zip

Telephone Numbers: (1) **Name:** \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

(2) **Name:** \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If Second Household:**

Parent: \_\_\_\_\_

\*2<sup>nd</sup> Address (if different): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Check here if mailing to second address is required.

**STUDENT INFORMATION**

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Check box if new to JCA school.

Name Secular School \_\_\_\_\_ Grade \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Check box if new to JCA school.

Name Secular School \_\_\_\_\_ Grade \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Check box if new to JCA school.

Name Secular School \_\_\_\_\_ Grade \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Check box if new to JCA school.

Name Secular School \_\_\_\_\_ Grade \_\_\_\_\_

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***Meeting Student Needs***

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In order to help us plan for your child’s experience in JCA School, please provide information regarding household and/or learning style situations that would affect your child’s participation. In our experience, the following situations are often relevant: parent job change, recent move to a new home or community, student or family member illness, new sibling, death of a family member, divorce and/or custodial arrangements, environmental needs, and/or secular school dynamics.

\*If your child specifically has an IEP or an accommodation plan at school, we ask that you provide us with a copy of relevant information.

1. Child’s Name: \_\_\_\_\_

Information \_\_\_\_\_

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2. Child’s Name: \_\_\_\_\_

Information \_\_\_\_\_

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3. Child’s Name: \_\_\_\_\_

Information \_\_\_\_\_

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4. Child’s Name: \_\_\_\_\_

Information \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

*In the event parent cannot be reached,*

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

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*List 3 people as backup in case of an emergency, illness, or transportation issue during the times while your child(ren) are attending religious school.*

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**Saturday/Sunday:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Wednesday (grades 3-7 only):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**- OVER -**

**MEDICAL RELEASE /MEDICAL INSURANCE INFORMATION**

This permission is given with the understanding that the school will, if possible, attempt to reach me prior to any action. In the event of an emergency requiring medical attention, I authorize a representative of THE JEWISH COMMUNITY OF AMHERST RELIGIOUS SCHOOL (JCA) permission to administer first aid on site, and authorize emergency transport of my child(ren) for medical treatment to the nearest medical care facility and to secure for my child(ren) the necessary treatment or first aid in the event I cannot be reached. I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with the standard medical practice by licensed medical personnel. I relieve (JCA) of all responsibility and consequences that may arise as a result of this treatment. I will not hold the JCA liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

1. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Information: *List allergies, pertinent medical information and any current medications/medical conditions for which this child is being treated:*

\_\_\_\_\_  
\_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Information: *List allergies, pertinent medical information and any current medications/medical conditions for which this child is being treated:*

\_\_\_\_\_  
\_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Information: *List allergies, pertinent medical information and any current medications/medical conditions for which this child is being treated:*

\_\_\_\_\_  
\_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Information: *List allergies, pertinent medical information and any current medications/medical conditions for which this child is being treated:*

\_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE NUMBER:** \_\_\_\_\_

**FAMILY PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY HOLDER:** \_\_\_\_\_ **POLICY NO.:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**JCA SCHOOL TUITION (Refer to worksheet on back)**

Shabbat Shalom*	\$120.00 (4-6 year olds only)
Grades 1 & 2	\$425.00
Grades 3-6	\$510.00
Grade 7	\$440.00 (this does not include the bar/bat mitzvah fee.)

- If registered by July 1, 2008 for returning students/members or within 1 month of joining for new members, you will receive a \$25 timely registration discount/child deducted from final payment.
- In families with 2 or more children, the oldest child pays full tuition and then there is a 10% reduction for each of the younger children.

*\*Shabbat Shalom is open to non-members, but tuition is double the member rate and must be paid in full at time of registration.*

Person responsible for bills \_\_\_\_\_

Mailing Address for bills \_\_\_\_\_

Bill recipient's signature \_\_\_\_\_

**Scholastic Aid**

- Check here if you would like consideration for Scholastic Aid, which is available for members through the Children's Fund.

Please state the amount you are able to pay. \_\_\_\_\_

Allocations are reviewed and dispersed as available. The JCA has a limited amount of funds available for students in the religious school. If you cannot pay the full tuition, please contact the JCA Treasurer Alan Peterfreund at: [alan@peterfreund.com](mailto:alan@peterfreund.com) to discuss your situation.

Parents should be aware of policies in place, which affect tuition and fees:

1. All tuition and membership dues from the prior year must be paid in full, and the current year Dues Form with payment (as per your family's plan) must have been received, before registration can occur. **Shabbat Shalom fee and 7<sup>th</sup> grade tuition are due in full at time of registration. A non-refundable deposit of \$150 for each child being registered is required for grades 1-6 with your completed registration form.** We will bill 50% of the remaining tuition and fees in August, due by the start of school. Payment for the remaining tuition and fees will be due by December 15, 2008.
2. We refund 50% of the remaining tuition in the case of withdrawal (e.g., move, we cannot meet a child's needs) within the 1<sup>st</sup> month of the beginning of school. THERE IS NO REFUND AFTER YOUR CHILD'S FIRST MONTH OF SCHOOL.
3. We pro-rate a reduction in tuition in the case of "late" enrollment for NEW members after October 30, pro-rated as per Treasurer's schedule.
4. Additional tutorial fees for students receiving extra assistance will be charged. Families will be contacted should this apply to their children.
5. JCA dues renewal information must be submitted in January 2009 to maintain membership and finish the school year.



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## **EDUCATIONAL FIELD TRIP WAIVER**

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My child(ren) has/have permission to go on educational field trips sponsored by THE JEWISH COMMUNITY OF AMHERST RELIGIOUS SCHOOL, Amherst, MA. I understand that they will travel by bus or private car and will be accompanied by staff and parents. I release THE JEWISH COMMUNITY OF AMHERST RELIGIOUS SCHOOL from all responsibility for injury during supervised activities.

Name(s) of child(ren): \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** THE JEWISH COMMUNITY OF AMHERST RELIGIOUS SCHOOL staff will inform you of upcoming field trips with a note sent home with your child(ren).

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## **PHOTO RELEASE FOR CHILDREN UNDER 18 YEARS OF AGE**

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I hereby grant to the JEWISH COMMUNITY OF AMHERST, Amherst, MA, and to its employees, the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing without further consideration, and I acknowledge the JEWISH COMMUNITY OF AMHERST right to crop or treat the photograph at its discretion. I also acknowledge the JEWISH COMMUNITY OF AMHERST may choose not to use the photo at this time, but may do so at its own discretion at a later date.

CHILD'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT I AM A CUSTODIAL PARENT AND HAVE THE AFOREMENTIONED RIGHTS TO ASSIGN.

SIGNATURE OF PARENT  
OR GUARDIAN: \_\_\_\_\_  
PRINT NAME ABOVE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_

**EDUCATION PROGRAMS VOLUNTEER FORM**

We ask that all households have a parent volunteer to do something to support their child’s Jewish education at the JCA this year.

**VOLUNTEER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Email: \_\_\_\_\_

Child’s grade: \_\_\_\_\_

**Check which of the following you are interested in:**

**1. Big Picture**

- Join the Education Committee:** Advocate for the school, review concerns, develop policy and procedure as needed.
- Help with grant development/writing for school programming.** **Teen Parent Representative**  **Community/Family Education** *Co-Chairs: Stacy Tobin & Ted Trobaugh*
- Adult Education – Help develop programming -** *contact David Rabinowitz*
- Represent households with pre-school age children**

**2. Community Buildings**

- Be a grade level parent coordinator:** Set up grade level communication. Be a point person for grade level activities.
- Help design and implement community service projects for children:** Do you know of community organizations locally and nationally that need help? Build the connection for our teachers and students.
- Teach an elective for students:**  
 **Toddler-5**  **K-3rd**  **4<sup>th</sup>-6<sup>th</sup>**  **Teens**  **Adults**  **Mixed ages**  
 **Sunday mornings 11-12**  **Wednesday 4-5pm**  **Wednesday 7-8pm**  
 eg. Jews in films, People’s Court-an ethical dilemma with the Bet Din, Jewish cooking, Hebrew Twister game.
- Coordinate/help build programming for families with young children.** eg. Tot Shabbat and other holiday celebrations, child care, home Havdallah gatherings.

**3. Specific**

- Help with staffing the gift shop/scrip sales /Dean’s Beans sales on Sunday mornings**
- Be a contact person for new school families.**
- Help with the Purim Carnival**
- Talk to a class about your trip to Israel.**
- Help ensure safety with parking lot duty in the winter months (Wed 5:20-5:40 p.m.)**
- Provide tech support to maintain a JCA education related website.**
- Snack coordinator on Wednesdays.**
- Fundraising (box tops, Big Y)**

**4. Other**

- Do you have a talent or interest to share that we have not mentioned?**

**Thanks. A member of the Education Department staff or Education Committee will be contacting you.**