

2021-2022 JCCH Kehilah School Registration Information Form

- Please complete Registration and Information forms and return to the JCCH office with a \$300 deposit to secure your child's enrollment for fall 2021.
- Tuition rates are subject to change.
- **Any outstanding balances owed to the JCCH must be resolved before a child can be enrolled for 2021- 22.**
- Tuition for 2021-22 must be paid in full by the first day of school unless prior arrangement has agreed to by the JCCH Executive Director or Treasurer.
- Every registration must be accompanied by a copy of the student's vaccination history and any other pertinent medical information.

Grade	Tuition (Including Supplies)	Hours
Shorashim (Kindergarten)	\$425	Sunday 9-11:30am
1st Grade	\$1,150	Sunday 9-11:30am
2nd-6th Grade	\$2,000	Sunday 9-11:30am Tuesday or Wednesday 3:45-5:45pm
7th Grade	\$1875	Wednesday evening 6-8pm and One Sunday a month for Mitzvah Project
8th Grade	\$750	Wednesday evening 6-8pm
9th & 10th Grade	\$1,075	Wednesday evening 6-8pm
Student Aides- Madrichim (8th-12th graders)	Community Service Opportunities	Sunday mornings Tuesday or Wednesday afternoons

TRIP PERMISSION - I hereby permit my child(ren) to attend any trip sponsored by JCCH for educational purposes provided that he/she is supervised by a member of the JCCH staff or by JCCH parents who are selected as chaperones.

Parent's Signature _____ Date _____

PHOTO RELEASE FORM- From time to time, JCCH may use your child's name, likeness, voice, statements and other information supplied by him/her in a variety of synagogue publications, including but not limited to: Newsletter, Weekly Calendar, Fliers, JCCH website (both photos and mini videos without individual identification on public side of the site, but with names on the password protected side). This use relates solely to photographs, statements and videotape made during your child's participation in JCCH sponsored activities. Please check your preference and sign below allow my child/ren

____ I allow my child(ren)'s name, likeness, voice, statements and other information supplied by my child(ren) to be used by JCCH.

____ I object to my child(ren)'s name, likeness, voice, statements and other information supplied by my child(ren) to be used by JCCH.

Parent's Signature _____ Date _____

VOLUNTEER OPPORTUNITIES- Please sign up below.

I would like to serve as a class parent.

Name _____	Child _____	Grade _____
Name _____	Child _____	Grade _____

2021- 2022 JCCH KEHILAH SCHOOL REGISTRATION FORMS

STUDENTS INFO	CHILD 1	CHILD 2	CHILD 3
Student Full Name			
Hebrew Name			
Gender			
Birthday			
Grade & Name of School as of Sep 2021			
Grade at JCCH as of Sep 2021			
7 th Grade / Wednesday 6:00-8:00pm & 1 Sunday per month			
Madrichim/Student Aide Volunteer: Sunday or Tuesday or Wednesday			
High School & BBYO twice a month Grades 8-10 th Wednesdays 6pm-8pm			
Special Medical Conditions (See below) (allergies, medication, etc.)			

PARENTS INFO	<u>Parent #1/ Guardian</u>	<u>Parent #2 / Guardian</u>
Name		
Address		
Home Phone		
Cell Phone		
Email		
Emergency Number		

Information Form 2021-2022

**THIS FORM MUST BE FILLED OUT YEARLY.
YOU MUST SUBMIT THIS FORM IN ORDER FOR YOUR CHILD TO BEGIN
ATTENDING CLASS IN SEPTEMBER.**

**PLEASE NOTE: FORM MUST BE ACCOMPANIED BY STUDENT'S VACCINATION
HISTORY.**

Mail: JCCH, 130 Union Ave, Harrison, NY 10528; Fax: 835-5195

In an effort to meet your child's individual needs please provide us with any information about your child that may enable JCCH to provide the best Jewish educational experience possible. All information received will remain in strict confidence and will be disclosed to your child's teacher only at your request.

Name of Child _____ Grade _____ Date _____

Information Supplied By _____

1. Please list all medications your child takes and reasons why.

2. Is your child provided any learning assistance during the school day? (Some examples include resource room, special classes, individual tutoring, and aide.) If yes, please explain.

3. Please describe any physical and/or learning issues that may affect your child's learning or social adjustment.

4. Please describe any family arrangement that may affect your child's attendance.

Please feel free to call Educational Director Ronit Razinovsky in confidence at 835-2850 ext. 125 if you would prefer to discuss the above information in person.

JCCH KEHILAH SCHOOL
Parent Authorization for Administration of Allergy Medication

To be completed by the parent or guardian:

I grant permission for the Kehilah School office to give my child the following medication(s):

Child's Name _____ Grade _____

The medication(s) will be furnished by me in a sealed bottle and will be labeled and stored securely in the school office.

Signature (Parent or Guardian): _____

Address: _____

Phone: _____ Date: _____

Parent/Guardian Request for Student to Self-Carry & Self-Administer Allergy Medication

Date: _____

Student Name: _____ Date of Birth: _____

This student has been instructed by a licensed prescriber in the proper use of the following medication procedures:

DIAGNOSIS	NAME OF MEDICATION	DOSAGE AMOUNT	SPECIAL INSTRUCTIONS

The Parent/Guardian signature below indicates a request that this student be permitted to independently carry the medication(s) listed above on his/her person, as we consider him/her responsible. He/she has been instructed by a licensed prescriber about the appropriate method of use of the medication(s) listed above and understands the purpose of the medication(s). *We hereby release the JCCH from any liability associated with our child self-administering such medication.

Parent/Guardian Signature

Printed Name

Date