



North Shore Synagogue Religious School Registration 2020-2021



Student's Name	Male or Female	Date of Birth	Hebrew Name	Public/Private School your child attends	Grade as of Sept '20	If your child is in Elementary School, what Middle School will he/she be attending?	T-Shirt Size
	M/F						Youth S M L XL Adult S M L XL
	M/F						Youth S M L XL Adult S M L XL
	M/F						Youth S M L XL Adult S M L XL
	M/F						Youth S M L XL Adult S M L XL

Student's Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian #1
Name _____ Phone Home (____)-____-____ Cell (____)-____-____ Work (____)-____-____

Parent 1 Email _____ Please contact me to volunteer or help out as needed Y / N

Parent/Guardian #2
Name _____ Phone Home (____)-____-____ Cell (____)-____-____ Work (____)-____-____

Parent 2 Email _____ Please contact me to volunteer or help out as needed Y / N

If parents are divorced or separated, please complete the section below:

Noncustodial Parent's Name _____ Address _____ Should all mailings go to both parents? Y/N

Emergency contact other than parent:
Name _____ Phone # _____ Relationship to Child _____
Name _____ Phone # _____ Relationship to Child _____

Dismissal: Please list all those authorized to pick up your child. (Photo ID required)
Name _____ Relationship to Child _____
Name _____ Relationship to Child _____
Name _____ Relationship to Child _____

Registration

Grade	Class	Day	Time	*Category A Tuition	Deposit	*Category B Tuition	Deposit	Non-Member
Kindergarten		Sunday	9:15am-11:30am	\$295	\$150	\$395	\$200	\$395
		Monday	4:15pm-6:30pm	\$295	\$150	\$395	\$200	\$395
		Tuesday	4:15pm-6:30pm	\$295	\$150	\$395	\$200	\$395
First Grade		Sunday	9:15am-11:30am	\$395	\$200	\$495	\$250	\$495
		Monday	4:15pm-6:30pm	\$395	\$200	\$495	\$250	\$495
		Tuesday	4:15pm-6:30pm	\$395	\$200	\$495	\$250	\$495
Second Grade		Sunday	9:15am-11:30am	\$395	\$200	\$495	\$250	\$495
		Monday	4:15pm-6:30pm	\$395	\$200	\$495	\$250	\$495
		Tuesday	4:15pm-6:30pm	\$395	\$200	\$495	\$250	\$495
Third Grade		Sunday	9:15am-11:30am	\$595	\$300	\$995	\$500	All classes are subject to a minimum and maximum enrollment. All students come one day per week. Please indicate your 1 st and 2 nd choice.
		Monday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
		Tuesday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
Fourth Grade		Sunday	9:15am-11:30am	\$595	\$300	\$995	\$500	
		Monday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
		Tuesday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
Fifth Grade		Sunday	9:15am-11:30am	\$595	\$300	\$995	\$500	
		Monday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
		Tuesday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
Sixth Grade		Sunday	9:15am-11:30am	\$595	\$300	\$995	\$500	
		Monday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
		Tuesday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	
Seventh Grade		Wednesday	4:15pm-6:30pm	\$595	\$300	\$995	\$500	

*Category A – Full Dues Paying Family Membership *Category B – Religious School Family Membership

In addition to tuition, there is a \$125 per child book and supply fee, which includes all materials and membership in our Youth Group.
We will do our best to accommodate at least one reasonable and mutual request for class placement. Please understand that we may not be able to accommodate friend requests in all cases. Please choose no more than two students.

1. _____ 2. _____

Questions? Please contact the Religious School office at 516-921-2282 ext. 120 or religiouschool@northshoresynagogue.org

Enrollment Contract 2020-2021

I, _____, am the parent or guardian of _____.

- I. **Terms of Enrollment:** This application is to enroll your child for the 2020-2021 school year. Opening day of Religious School will be on or about September 13th, 2020 and closing day will be on or about May 23rd, 2021. Families will receive a more detailed calendar, indicating when school will be in session.
 - a. All families must be current in synagogue dues and all other obligations before Religious School registration will be processed.
 - b. For families under the "Religious School Family Membership" (Category B), the admin fee must be paid in full before registration will be processed.
 - c. All students must be enrolled in 7th grade Religious School in order to be eligible for a Bar/Bat Mitzvah.

II. **Payments:** A deposit is required to enroll your child in Religious School. Payment of the balance of the tuition and book/supply/youth group/security fee is due no later than August 31, 2020. No child will be permitted to attend class until payment is made in full. Please enclose a check payable to "North Shore Synagogue", with the completed enrollment form.

- III. **Withdrawal/Changes:**
 - a. If a registered child is withdrawn from Religious School prior to the first day of class, full tuition and book/supplies/activity fee will be refunded, less a \$150 administration fee.
 - b. If a registered child is withdrawn from Religious School on or before November 1st of the current school year for any reason including those set forth in (c) below, one-half of the full tuition will be refunded. Book/supplies/activity fee will not be refunded.
 - c. If a registered child is withdrawn from Religious School after November 1st of the current school year, no refund or credit will be given for any reason including but not limited to (a) if the program is required to be run as a virtual learning program or (b) any refund or credit is based upon any viruses and/or other micro-organism.
 - d. No refunds or credits will be given for a registered child in seventh grade for any reason including those set forth in (c) above.

e. **Photo/Digital Media Release:**
 By signing below, I give permission to North Shore Synagogue to use any video or photograph, either online or in print, or any video taken of my child and family with respect to any and all events and programs, religious or otherwise, for the purpose of marketing or promoting NSS and its programs. This remains in effect until such permission is terminated in writing.

I acknowledge that I have been informed of the Religious School/Youth Group activities and the provisions for my child's involvement and I consent to my child's participation in these activities. I hereby release North Shore Synagogue, Syosset, NY 11791 (NSS) and its officers, trustees and employees from any liability due to my child's participation in these events and activities other than liability caused by the gross negligence of NSS. In case of emergency, I hereby give my permission to the medical personnel selected by the NSS staff to provide medical care for my child, if NSS is unable to promptly reach you or the Emergency Contact at the Contact's Phone Number both set forth above and such care is deemed necessary.

I have read and agree and consent to all terms and conditions listed above.

Parent/Guardian Signature: _____

Date: _____

Return this form with a check payable to North Shore Synagogue and mail to:

North Shore Synagogue
 Attn: Religious School
 83 Muttontown Eastwoods Road
 Syosset, NY 11791

FOR OFFICE USE ONLY
Date Received _____
Deposit _____
Check # _____
Initials _____



Please complete this form in its entirety for each child enrolled in our religious school. It is important that all children in our religious school have a positive experience in our school. Sharing the following information with our director will help ensure that we meet the needs of your child. All information is confidential.

Name of student: _____

Grade as of Sept. 2020 _____

Confidential Family Information

Does your child have an IEP? Y / N

Does your child have a 504? Y / N

If you answered yes to either of the questions, please provide a copy of the IEP or 504.

Does your child have an aide for any part of the school day? Y / N

Is your child in a resource room or self-contained classroom? Y / N

Does your child have any special learning needs we should be aware of? Y / N

Does your child have any behavioral issues we should be aware of? Y / N

If you answered YES to any of the above questions, please explain below.

Please tell us any information that you believe would be helpful for us to know about your child.

Health Information

Child Name: _____

Physician's Name: _____

Phone Number: _____

Insurance Company: _____

ID#: _____

Policy #: _____

Does your child have any food allergies? Please specify

Medical Concerns, Activity Restrictions, Current Medications & Dosages:

Dietary Needs: Kosher _____ Vegetarian _____ Gluten-free _____ Other _____ (specify)