

EZRA HABONIM, THE NILES TOWNSHIP JEWISH CONGREGATION

4500 Dempster, Skokie, IL 60076

Phone: (847) 675-4141 or Fax: (847) 675-0327

EHNTJC RELIGIOUS SCHOOL REGISTRATION FORM

Registration Form and tuition deposit of \$50 is due August 20, 2015 for returning students.

A late fee of \$25 will be charged for returning students.

Days and times of Religious School

Kindergarten – Grade 2: Shabbat 9:00am - 12:00pm

Aleph through Hey: Tuesday 4:15 - 6:15pm & Shabbat 9:00am - 12:00pm

All information on this form is confidential with the exception of name, address, phone which will be added to our School Directory.

PLEASE PRINT:

1. First Child's Full Name: _____

Hebrew Name: _____

(Check here if you want a Hebrew name for your child) _____

Grade in School as of September 2015: _____ Name of School _____

Date of Birth: ___/___/_____ Time of Birth: _____ Circle one: Morning or After Sunset

Did child name above attend EHNTJC Religious School last year? _____

If not, Religious School attended last year _____ Grade _____
Name Location

Provide the names of all Religious Schools that your child has attended and the grades completed:

<u>Name of School</u>	<u>Location</u>	<u>Grade(s)</u>	<u>Dates</u>
-----------------------	-----------------	-----------------	--------------

Does your child have an IEP (Individual Education Plan) at school? [] Yes [] No If so, please include a copy.

Please indicate allergies. _____

Use additional paper, if necessary.

2. Second Child's Full Name: _____

Hebrew Name: _____

(Check here if you want a Hebrew name for your child) _____

Grade in School as of September 2014: _____ Name of School _____

Date of Birth: ___/___/_____ Time of Birth: _____ Circle one: Morning or After Sunset

Did child name above attend EHNTJC Religious School last year? _____

If not, Religious School attended last year: _____ Grade _____

Name

Location

Provide the names of all Religious Schools that your child has attended and the grades completed:

Name of School

Location

Grade(s)

Dates

Does your child have an IEP (Individual Education Plan) at school? [] Yes [] No If so, please include a copy.

Please indicate allergies. _____

Use additional paper, if necessary.

3. Third Child's Full Name: _____

Hebrew Name: _____

(Check here if you want a Hebrew name for your child) _____

Grade in School as of September 2014: _____ Name of School _____

Date of Birth: ___/___/_____ Time of Birth: _____ Circle one: Morning or After Sunset

Did child name above attend EHNTJC Religious School last year? _____

If not, Religious School attended last year: _____ Grade _____

Name

Location

Provide the names of all Religious Schools that your child has attended and the grades completed:

Name of School Location Grade(s) Dates

Does your child have an IEP (Individual Education Plan) at school? [] Yes [] No If so, please include a copy.

Please indicate allergies. _____
Use additional paper, if necessary.

Parent/Guardian/s Name: _____
Name Email Cell #

Parent/Guardian's Name: _____
Name Email Cell #

Child(ren) live(s) with: _____

Address of Child(ren): _____

Street City State Zip

Home Phone: _____

*** Please note primary communication will be via email.***

Emergency Contact: _____ Phone: _____ Relation to Child: _____

Emergency Contact: _____ Phone: _____ Relation to Child: _____

Persons other than parents/guardians authorized to pick up student(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of Grandparents if members of EHNTJC: _____

Photo Release

I hereby give my permission for Ezra-Habonim, the Niles Township Jewish Congregation, its employees and representatives permission to photograph my child taking part in synagogue activities, whether on synagogue grounds or off for publicity on our website, bulletin boards, newspapers, or Facebook -- including photographs of my child for the purposes of marketing and advertising in various publications i.e: Synagogue website, EHNTJC Religious School publications, and any promotional materials for Fundraisers. No other permission is necessary to be given for use of these photos.

- Yes, I give my permission
- No, I do not give my permission

Signature of Parent or Guardian

STUDENT CONFIDENTIAL INFORMATION SHEET 2014-2015

In order to provide a positive learning environment for our students, it is important that we understand each student's particular needs and/or special circumstances. All disclosures will be held in strict confidence.

Please complete the following questionnaire and return it prior to the first day of school. Please notify the school of any changes during the school year in order that we can best serve your child's individual needs.

Student's Name (please print) _____ Religious School Grade _____

Parent / Legal Guardian's Name (please print)

- () My child has no special needs, should any changes occur during the year I will update the school.**
- () Describe any physical (including vision or hearing impairments) or medical (including allergies) issues that might affect your child's performance and/or adjustment in school:**
- () List any medication your child takes regularly:**
- () Describe any learning or behavioral disabilities that might affect your child's performance and/or adjustment in school. Please include modifications or approaches that would help your child learn better.**
- () In what ways should we be extra sensitive to your child's social or emotional needs?**
- () Describe any family arrangements that might affect your child's attendance or attention in class. Have there been any changes such as illness, death, divorce, moves or income status that may have an impact on school performance?**

() Is there any other pertinent information that we should know?

Would you like to discuss any of the above issues with the Education Director?

Circle: YES NO

Parent/Legal Guardian Signature _____ Date: _____

Religious School Fees: 2015-2016/ 5776

Saturday School Only	Grades K-2	\$265 tuition	+	\$85 book and supply fee
Saturday School Only*	Grades K-2	\$465 tuition	+	\$85 book and supply fee
Hebrew School: Tues. & Sat	Grades 3-7	\$650 tuition	+	\$125 book and supply fee
Hebrew School: Tues. & Sat*	Grades 3-7	\$850 tuition	+	\$125 book and supply fee
Lehrhaus (Tuesday)	Grades 8-10	\$420 tuition	+	\$75 book and supply fee
Lehrhaus (Tuesday)	Grades 8-10	\$420 tuition	+	\$75 book and supply fee

* Non-Member Fee

Discounts:

2nd child in the school: Family receives 10% discount off the lowest tuition.

3rd child in the school: Family receives 15% discount off the lowest tuition.

No discounts on supply fees

Registration form must be submitted with a tuition deposit of \$50 per child.

Book and supply fee due by August 14, 2015.

PLEASE NOTE THAT YOUR CHILD'S GRADE IN RELIGIOUS SCHOOL MAY NOT BE THE SAME AS HIS /HER SECULAR SCHOOL GRADE.

PAYMENT INFORMATION

Check (Payment in full) Credit Card (Payment in full)

Visa or Mastercard # _____ Exp. _____ Sec. Code _____

PAYMENT PLAN OPTION

\$50 deposit due with Registration form and book & supply fee.

Eight (8) Monthly Payments starting September 2015 – April 2016

You may make monthly payments by check or credit card. If you prefer to make monthly payments by credit card, please complete the following:

Visa or Mastercard # _____ Exp. _____ Sec. Code _____

Signature _____

Your signature acknowledges your payment plan and/or authorization to charge your credit card.

(ALL TUITION MUST BE PAID IN FULL BY APRIL 30, 2016)

SCHOLARSHIP ASSISTANCE

Please note limited scholarship money may be available to members in good standing. If you wish to apply for a limited scholarship, please include a note with your registration form. An application will be emailed to you. Book and supply fees are not covered by scholarship.

B'NAI MITZVAH FEES -- \$1,400 tuition – includes private tutoring fee
(All financial obligations must be paid in full 60 days prior to the date of the B'nai Mitzvah.)

**PARENT VOLUNTEER SIGN-UP
2015 – 2016**

In order to insure the success of school programs, we suggest that one Parent/Guardian from each family participates in at least two volunteer opportunities. Please indicate your interest by checking the areas below. Thank you in advance for your commitment and support!

Name _____

Child(ren) _____

Volunteer opportunities

Office:

___ Assist in the office during weekday religious school hours (answer phone, buzz in parents)

Fundraising:

___ Help with school fundraiser events.

___ Serve on a committee or assist the day of the event

Holiday programs:

___ Purim Carnival:

___ Help organize and work in a booth, or monitor an activity on the day of the carnival.

___ Other programs during the school year (ie: Tu B'Shvat seder, Passover program, etc.)