



**PARK
SLOPE
JEWISH
CENTER**

HEBREW SCHOOL

1320 8TH AVENUE, BROOKLYN, NY 11215.
PRINCIPAL@PSJC.ORG . WWW.PSJC.ORG
718-768-1453

Registration Contract 2011-2012

All information on BOTH SIDES of this form MUST BE COMPLETED IN FULL and submitted with the **PARENT AGREEMENT/STUDENT BRIT KAVOD, CAR/WALK POOL COORDINATOR** and **TUITION/FEES INVOICE** by June 15, 2011 for returning families or August 1, 2011 for new families.

Parent 1

Name: _____

Home Address: _____

**Please indicate which is the child's main address*

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Parent 2

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

** Email is the primary means of communication for updates and notices. PLEASE PRINT CLEARLY*

Child 1

Child 2

Child 3

Name: _____

Name: _____

Name: _____

Circle: Male/ Female

Circle: Male/ Female

Circle: Male/ Female

Hebrew Name: _____

Hebrew Name: _____

Hebrew Name: _____

D.O.B. _____

D.O.B. _____

D.O.B. _____

School Attending: _____

School Attending: _____

School Attending: _____

Grade in '11-'12: _____

Grade in '11-'12: _____

Grade in '11-'12: _____

Previous years in PSJC HS: _____

Previous years in PSJC HS: _____

Previous years in PSJC HS: _____

Emergency Contact **other than parent(s)**: _____

(name, relationship, home phone, cell phone)

Please list other children living at home:

Name: _____ D.O.B: _____ Grade: _____

Name: _____ D.O.B: _____ Grade: _____

Name: _____ D.O.B: _____ Grade: _____

Friend request for Child 1: _____

Friend request for Child 2: _____

Friend request for Child 3: _____

(ONE FRIEND per student. In those grades with more than one class, every effort will be made to place your child with a friend)

NEW STUDENTS ONLY:

Did your child(ren) previously attend another Religious School? Circle one: Yes/ No

If so, which one(s) and for how long? _____



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CONFIDENTIAL HEALTH INFORMATION:

In our effort to create an effective and positive learning environment for our students and classes, please provide confidential information relating to your child.

Name of physician: _____ Physician's phone #: _____
Address of physician: _____

Does your child have any **learning disabilities/special needs, health issues, and/or food allergies** that we should be aware of or may affect his/her classroom performance? **Circle one: Yes/ No**

Please describe: _____

Please list any **prescription medicine** your child takes: _____

Is there any **additional information** that will be helpful in creating the best possible learning environment for your child? _____

→Independent Release Information and Contract Agreement

I **do/ do not** (circle one) give my child permission to leave school on his or her own.

I give Park Slope Jewish Center permission to have my child treated in an emergency. I understand that due diligence will occur in trying to contact the parents during this process.

The undersigned agrees to withdraw the child(ren) if the school deems such withdrawal to be in the best interest of the child(ren). In that instance, the undersigned would be entitled to a pro-rated refund of the tuition.

The undersigned gives permission for the above address, phone number and e-mail address to be used for school-parent communication, including the Hebrew School Listserve, and for the student directory. The undersigned hereby authorizes Park Slope Jewish Center to use the child(ren)'s portrait(s) or likeness(es) in any print or electronic/online publication related to the school (brochures, flyers, newsletters, website, etc).

Parent/Guardian Signature: _____ **Date:** _____

PARENT VOLUNTEER INTERESTS

*Please check any and all areas you might be interested in helping out with/being a part of. This is **not a formal commitment**, but someone from the Hebrew School may contact you at some point during the year to ask for help in the following areas:*

- Class Parent**
- Purim Carnival**
- Passover Candy Sale**
- Mishloah Manot (Purim Bag) Project**
- In-School Holiday Celebrations**
- Other Fundraisers**
- Hosting Class Shabbat Dinner(s)**
- Snack** (supervising the snack table, helping make snack bags, etc.)
- Other** (please list any skills/talents/resources you have that might be of use to our school): _____



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Car/Walk-Pool Coordinator



In order to assist families in arranging afternoon drop-off and pick-up for Wednesday and/or Tuesday classes, we are collecting information about where students are coming from on **Wednesdays** and **Tuesdays**.

This information will be distributed in late August.

****PSJC HS will not be coordinating the carpools nor will we hire people to get your children at school.**

Please answer the following:

Name: _____

Child(ren)'s Name(s): _____

School: _____

Grade: _____

How would you like to be contacted by fellow parents looking to coordinate a car/walk-pool?
Please provide an email address or phone number: _____

Where is your child prior to Hebrew School on Wednesdays? _____

Where is your child prior to Hebrew School on Tuesdays? _____

	YES	NO
My child attends Hebrew School on Wednesdays		
My child attends Hebrew School on Tuesdays		
I am interested in taking children in a car/walk-pool to Hebrew School on Wednesdays		
I am interested in taking children in a car/walk-pool to Hebrew School on Tuesdays		
I am interested in picking up children in a car/walk-pool from Hebrew School on Wednesdays		
I am interested in picking up children in a car/walk-pool from Hebrew School on Tuesdays		
I am unable to take or pick up children but am interested in being a part of a car/walk-pool to and from Hebrew School on Wednesdays		
I am unable to take or pick up children but am interested in being a part of a car/walk-pool to and from Hebrew School on Tuesdays		
I am interested in hiring one of our older students (6 th or 7 th graders) to accompany my child(ren) to/from school on Wednesdays*		
I am interested in hiring one of our older students (6 th or 7 th graders) to accompany my child(ren) to/from school on Tuesdays*		

**(PSJC does not hire or provide teens to aid with carpools but we will provide a list of students interested in this position)*

Is there any other information that would be helpful to other parents trying to coordinate transportation to/from school in 2011-2012? _____