

**Syracuse Community Hebrew School 2019-2020 Registration Form**  
**Wednesdays 4:00 to 6:00pm at Temple Concord for Grades 3 to 7**

910 Madison Street  
Syracuse, NY 13210  
(315) 475-9952

**CHILD'S INFORMATION (only one child per form please)**

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Child's Address \_\_\_\_\_

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

Child's Hobbies, Sports, or Interests \_\_\_\_\_

Siblings and Dates of Birth \_\_\_\_\_

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**PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian 1: Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Parent/Guardian 1: Home Phone \_\_\_\_\_

Parent/Guardian 1: Address (if different from child's) \_\_\_\_\_

Parent/Guardian 1: Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 1: E-mail Address \_\_\_\_\_

Parent/Guardian 2: Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Parent/Guardian 2: Home Phone \_\_\_\_\_

Parent/Guardian 2: Address (if different from child's) \_\_\_\_\_

Parent/Guardian 2: Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2: E-mail Address \_\_\_\_\_

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Child lives with: \_\_\_\_\_

Please indicate child's previous religious education/participation (list where and for how many years):

Hebrew School/Day School: \_\_\_\_\_ Years \_\_\_\_\_

Jewish Camp: \_\_\_\_\_ Years \_\_\_\_\_

Jewish Youth Group: \_\_\_\_\_ Years \_\_\_\_\_

Is there anything that you would like to share with us regarding your child's particular learning style?

\_\_\_\_\_

Does your child have an IEP or 504 plan at their school? If yes, please explain.

\_\_\_\_\_

Does your child have health concerns (including allergies, medications, etc.)?

\_\_\_\_\_

Other Concerns:

\_\_\_\_\_

In case school needs to be closed during the day for any reason, what is the best phone number at which to reach you?

Phone \_\_\_\_\_ Can We Text You? Y N

In case of emergency, please list two people we can contact *if parent or guardian is NOT accessible*:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Tuition:**

If students are affiliated with a synagogue, parents will pay their regular tuition rate to their home synagogue. The synagogues will pay the tuition for each of their students to the Syracuse Community Hebrew School. The parents of unaffiliated students will talk to the SCHS Director regarding their tuition payment.

Please check this box if you are **not affiliated** with Temple Adath Yeshurun, Congregation Beth Sholom-Chevra Shas, or Temple Concord. If you checked this box, the SCHS Director will contact you regarding tuition.

**Photo Release:**

I hereby give permission for pictures of my child, \_\_\_\_\_, to be used in Syracuse Community Hebrew School publicity including newsletters and the Jewish Observer.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for pictures of my child, \_\_\_\_\_, to be used on the Syracuse Community Hebrew School website. No names will be used for pictures on the website.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Permission:**

I hereby give permission for my child, \_\_\_\_\_ (grade \_\_\_\_\_), to participate under supervision in educational and/or recreational trips during the period of the school year 2019-2020. Such permission will remain in force until the expiry of such period unless terminated by me by express notice in writing to the Director of the Syracuse Community Hebrew School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Note: Parents will still be informed of the nature and detail of each excursion before the date of the trip; however, unless the school receives written notice to the contrary, the student will participate in the excursion.**

**Directory:**

If you **do not** want your name, address, phone number, and email published in our directory, please check the box below.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_