



*Center for Jewish Education
Student and Family Information
781-346-6075
cje@shirathayam.org*

Student Information

Last Name _____ First Name _____

Hebrew Name _____ Preferred Pronouns _____

Address _____

Public School and grade _____ Cell Phone: _____

Parent/Guardian Information

Parent/Guardian: _____ Preferred Pronouns _____

Cell Phone: _____ Email address _____

Address (if different than student) _____

Parent/Guardian: _____ Preferred Pronouns _____

Cell Phone: _____ Email address _____

Address (if different than student) _____

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- I am interested in my child attending the virtual class once per week. I understand that this does not take the place of Shabbat attendance and that it is offered to 4th through 7th graders only.

Tell us about your child:

Favorite activities: _____

Pets: _____

Camp or other summer activity: _____

Favorite Movies/TV shows/Books/Video Game: _____

Does your child have any allergies to food or medicine? If Yes, please list them. _____

Does your child have any physical or learning challenges? If Yes, please detail below. _____

If your child has an **IEP or a 504** or similar accommodation plan with their school, **please attach a copy** for our review. This information will remain private but will help us to teach your child in the way in which they will be most successful.

EMERGENCY/MEDICAL INFORMATION 2018 – 2019

PLEASE COMPLETE IN FULL

Names of local individuals other than parents to be called in case of illness, missed pick up or emergency only IF we are unable to reach parents.	
Name/relationship	Cell/text #
Name/relationship	Cell/text #
Physician	Telephone

I/we, the undersigned parents/guardians: In case of emergency I/we do hereby authorize the Center Director, classroom teacher, or any other responsible person designated by the Center Director, as agent for the undersigned to consent to medical or surgical diagnosis, treatment, and/or hospital care which is to be rendered under the general or special supervision of any physician or surgeon licensed by the Commonwealth of Massachusetts or state in which such treatment is to be rendered, or to the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or such a hospital or treatment center, or other necessary location. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required and is to provide authority and power on the part of our above-named agent to give specific consent to any and all such information, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain in effect through May, 2019 and will cover attendance at all authorized functions as well as trips away from the school for which parent(s) have given consent.

Note: Even with this release, hospitals will not treat children without the consent and presence of a parent or guardian, unless immediate attention is absolutely essential. Please understand that any emergency will require you to meet your child at the physician's office or hospital.

PHOTOGRAPHIC/CONTACT EXEMPTION:

***Please check if you **DO NOT** want your child's picture to appear in any external media outlets (CSH website, Facebook, community newspapers). We **DO NOT** list complete names with pictures.

_____ I **DO NOT** want my child's picture to appear in any external media.

_____ I **DO NOT** want my contact information to appear on the class list given to other class members.

_____ I **DO NOT** want to be included in the Remind.com emergency text/email service.

REQUIRED:

Parent/Guardian Signature _____ Date _____

General Information

Tuition:

Pre-K (ages 3 and 4): Free (Saturdays only) **Kindergarten and Grade 1:** \$700.00

***Grades 2, 3, 4, 5 and 6:** \$1180.00 *** Grade 7:** B. Mitzvah Fee: \$800

** must belong to CSH member family to enroll in grades 2 - 7*

School Schedule:

Pre-K – 1 meets only on Shabbat, 9:00 a.m. – 12 noon

Grades 2 – 6 meet twice a week, on Shabbat, 9:00 a.m. – 12 noon, and Tuesdays, 4:00 – 6:00 p.m.

Grade 7 meets once a week, on Tuesdays, 4:00 p.m. – 6:00 p.m. (no Shabbat attendance required)

Virtual Classroom time TBD, grades 4 – 6, 7th grade by arrangement.