

Student 1	
Name:	Hebrew Name:
Public/Private School Grade:	Birthdate:
<p>Does your child have any special learning needs or receive any special services in Public/Private School?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>	<p>Does your child have an IEP or 504 plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please submit the most recent version with the Registration and make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>
Does your child take any medication regularly? If yes, please list:	
Does your child have any allergies? If yes, please list:	

Student 2	
Name:	Hebrew Name:
Public/Private School Grade:	Birthdate:
<p>Does your child have any special learning needs or receive any special services in Public/Private School?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>	<p>Does your child have an IEP or 504 plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please submit the most recent version with the Registration and make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>
Does your child take any medication regularly? If yes, please list:	
Does your child have any allergies? If yes, please list:	

Student 3	
Name:	Hebrew Name:
Public/Private School Grade:	Birthdate:
<p>Does your child have any special learning needs or receive any special services in Public/Private School?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>	<p>Does your child have an IEP or 504 plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**If yes, please submit the most recent version with the Registration and make an appointment to meet with the Rabbi and your child's teacher(s) to discuss your child's educational needs.</p>
Does your child take any medication regularly? If yes, please list:	
Does your child have any allergies? If yes, please list:	

Primary Guardian(s)	Secondary Guardian(s) if applicable **
Name(s): <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other	Name(s): <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other
Email(s):	Email(s):
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Address	Address

**** Please note if student(s) lives in a divorced/separated/ never married household, the Primary Guardian will need to ask the School office for the Custody Guidelines Supplement, which needs to be returned with the Registration.****

Emergency Contacts	
Please provide 2 additional emergency contacts if we cannot reach the Primary Guardian(s).	
Name:	Name:
Relationship to Child(ren):	Relationship to Child(ren):
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Family Doctor/Health Insurance	
Pediatrician:	Name of Insurance:
Phone:	Insurance ID# Group#
	(Attach copy of insurance card front & back)

Publication of Child(ren)'s Picture or Work
You may publish my child(ren)'s photo or work. I, as parent or guardian of the child(ren), understand that his/her artwork, writing and/or photo may be published on the Internet and/or local publications. No home address or telephone number will appear with my child(ren)'s picture, name, or work. I understand that my child(ren) will retain all copyright and other intellectual property rights to such work.
<input type="checkbox"/> Yes <input type="checkbox"/> No

Child(ren) Pick-Up Authorization

YOUR CHILD(REN) WILL ONLY BE PERMITTED TO LEAVE WITH ADULTS LISTED BELOW.
PLEASE LIST ALL AUTHORIZED PERSONS, EVEN IF AUTHORIZED PERSONS ALL LIVE IN SAME HOUSEHOLD.
CHILD(REN) WILL ONLY BE RELEASED TO AN AUTHORIZED PERSON WHO COMES INTO THE SYNAGOGUE.
PLEASE UPDATE THIS FORM WITH THE RELIGIOUS SCHOOL OFFICE, AS NEEDED.

Name: Relationship to Child(ren):	Name: Relationship to Child(ren):
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Name: Relationship to Child(ren):	Name: Relationship to Child(ren):
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

	Fee Schedule	Student 1	Student 2	Student 3
Alef-Zayin Students (1st-7 th Grades) Sundays & Tuesdays	Members: FREE Non-members: \$500 per student			
Gan- (Kindergarten) Sundays only	Members: FREE Non-members: \$500 per student			
Abrams Student	Members: FREE Non-members: \$500 per student			
PTO Fee-Per Family	\$65 per family			
Bar/Bat Mitzvah Fee (payment due at the start of training)	\$900			
Shalom Baby - Infant to 2 Years Torah Treasures - 2 to 4.5 Years	Members: FREE Non-members: \$50 per child per semester			
Total Due:				

*If these fees present a financial hardship for your family, please contact Rabbi Adler, RabbiAdler@AdathIsraelNJ.org 609-896-4977.

Signature:	Date:
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Tuition and Fees must be paid, or payment arrangements must be in effect, in order for students to begin class.