

**Enroll Today!**

**LIMUD - STUDY**

**למוד**



**KEF - FUN**

**כיף**

**CSI RELIGIOUS SCHOOL**


**2018 - 2019 / 5778 - 5779**



**CONGREGATION SONS OF ISRAEL  
RELIGIOUS SCHOOL PROGRAM REGISTRATION  
2018-2019**



**TUITION AND SCHEDULES**

<p><b><u>CSI Religious School Tuition*</u></b>  <b>\$200 deposit per child due with registration</b>  <b>\$75 administrative fee added to registrations received after 6/15/18</b></p> <p><i>Shorashim</i>.....\$180          (to be paid in full at time of registration)</p> <p><i>Prozdor 1, Prozdor 2</i>.....\$500</p> <p><i>Alef</i>.....\$1420</p> <p><i>Bet, Gimel, Dalet</i>.....\$1450</p> <p><i>Heh</i>.....\$1650          (includes trips fee)</p>	<p><b><u>Religious School Schedules</u></b>          Begins September 16<sup>th</sup>, 2018</p> <p><b>Sundays 9:00 - 11:00AM</b></p> <ul style="list-style-type: none"> <li>• <i>Shorashim</i> (Pre-K/K)</li> <li>• <i>Prozdor 1</i> (1st)</li> <li>• <i>Prozdor 2</i> (2<sup>nd</sup>)</li> </ul> <p><b>Sundays 9:00 - 11:00AM &amp; Tuesdays 4:00 – 6:00PM</b></p> <ul style="list-style-type: none"> <li>• <i>Alef</i> (3rd)</li> <li>• <i>Bet</i> (4th)</li> <li>• <i>Gimel</i> (5th)</li> <li>• <i>Dalet</i> (6th)</li> </ul> <p><b>Sundays 11:00 - 1:00AM &amp; Tuesdays 4:00 – 6:00PM</b></p> <ul style="list-style-type: none"> <li>• <i>Heh</i> (7th)</li> </ul>	<p><b><u>Tuition Schedule</u></b></p> <p><b>33% of total paid by September 7, 2018</b></p> <p><b>66% paid by December 1, 2018</b></p> <p><b>100 % paid by March 1, 2019</b></p> <p><i>* All fees are subject to approval of the budget which will be determined at the CSI Congregational Meeting to be held on June 26, 2018.</i></p> 
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For confidential information on financial assistance,  
 contact Ellen Johnson, Synagogue Director at (914) 762-2700.  
 Payments should be made by cash, check or ACH. 3% is added to all Credit Card payments.

**PARENT 1 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email address:		

**PARENT 2 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email address:		

Who should receive program emails/mailings?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2
Present members of CSI?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Interested in becoming members?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**CHILD 1**

Name:	Child is: M/F	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> )	<input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Gimel (5 <sup>th</sup> )	<input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> High School (8 <sup>th</sup> -12 <sup>th</sup> )
Hebrew name (in English, please):		Is this child new to CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of secular school:		Grade:
<p><b>Does this child have any special needs, an IEP, allergies or other medical alerts we should know about?</b>  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If yes, please indicate:</b> _____</p> <p><b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child.</b></p>		

**CHILD 2**

Name:	Child is: M/F	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> )	<input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Gimel (5 <sup>th</sup> )	<input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> High School (8 <sup>th</sup> -12 <sup>th</sup> )
Hebrew name (in English, please):		Is this child new to CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of secular school:		Grade:
<p><b>Does this child have any special needs, an IEP, allergies or other medical alerts we should know about?</b>  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If yes, please indicate:</b> _____</p> <p><b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child..</b></p>		

**CHILD 3**

Name:	Child is: M/F	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> )	<input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Gimel (5 <sup>th</sup> )	<input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> High School (8 <sup>th</sup> -12 <sup>th</sup> )
Hebrew name (in English, please):		Is this child new to CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of secular school:		Grade:
<p><b>Does this child have any special needs, an IEP, allergies or other medical alerts we should know about?</b>  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If yes, please indicate:</b> _____</p> <p><b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child.</b></p>		

**PICK-UP PERMISSION**

The people listed below have my permission to pick up my child(ren) from CSI programs. I will inform CSI in writing each time a special pick-up is necessary:

**PERSONS AUTHORIZED FOR PICK-UP (Other than parents)**

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMERGENCY PERMISSION**

In case of an emergency, the following people can be called if parents are cannot be reached:

**EMERGENCY CONTACT PERSONS (Other than parents)**

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Pediatrician name:	Pediatrician phone number:
Dentist name:	Dentist phone number:

**PHOTOGRAPHY RESTRICTION**

Congregation Sons of Israel has a website, a Facebook presence and participates in other social media. We produce various handbooks, brochures, advertisements, and DVD/videos in which we include pictures of our students, faculty and staff.

If you do NOT want pictures/images of your child(ren) to be included in CSI materials and publications, please indicate by signing below.



**PLEASE NOTE: Sign only to OPT-OUT**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_