

**Enroll Today!**

*LIMUD* - **STUDY**

**למוד**



*KEF* - **FUN**

**כיף**

**CSI RELIGIOUS SCHOOL**

**2019 - 2020 / 5779 - 5780**



**CONGREGATION SONS OF ISRAEL  
RELIGIOUS SCHOOL PROGRAM REGISTRATION  
2019-2020**



**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
Choose one email address to receive electronic billing statements:	<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

**I understand that in order for my child to attend CSI Religious School:**

- **My child is required to be up to date on all vaccinations**
- **All payments for tuition must be paid by the tuition schedule**
- **The following forms have been submitted:**
  - **Child Registration Form**
  - **Authorizations**

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

**DATE:** \_\_\_\_\_



**CONGREGATION SONS OF ISRAEL  
RELIGIOUS SCHOOL CHILD REGISTRATION  
2019-2020**



**CHILD 1**

Name:	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> ) <input type="checkbox"/> Gimel (5 <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:
<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 <b>If yes, please indicate:</b> _____	
<b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child.</b>	

**CHILD 2**

Name:	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> ) <input type="checkbox"/> Gimel (5 <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:
<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 <b>If yes, please indicate:</b> _____	
<b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child.</b>	

**CHILD 3**

Name:	Date of Birth:
<b>Religious School:</b> <input type="checkbox"/> Shorashim (Pre-K/K) <input type="checkbox"/> Alef (3 <sup>rd</sup> ) <input type="checkbox"/> Dalet (6 <sup>th</sup> ) <input type="checkbox"/> Prozdor 1 (1 <sup>st</sup> ) <input type="checkbox"/> Bet (4 <sup>th</sup> ) <input type="checkbox"/> Heh (7 <sup>th</sup> ) <input type="checkbox"/> Prozdor 2 (2 <sup>nd</sup> ) <input type="checkbox"/> Gimel (5 <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:
<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 <b>If yes, please indicate:</b> _____	
<b>Please also attach any relevant documentation needed in order for our staff to best care for and teach your child.</b>	

If you do not know your child(ren)'s Hebrew name(s) and/or you would like one, check here:

**CONGREGATION SONS OF ISRAEL  
RELIGIOUS SCHOOL PROGRAM REGISTRATION 2019-2020  
TUITION AND SCHEDULES**



**CSI Religious School Tuition**

**\$200 deposit per child due with registration**

<i>Shorashim</i>	\$200
<i>Prozdor 1, Prozdor 2</i>	\$500
<i>Alef, Bet, Gimel, Dalet</i>	\$1450
<i>Heh (includes trips fee)</i>	\$1650

**\$75 administrative fee added to registrations received after 6/14/19  
(This fee does not apply to new students)**

CSI membership is required for 3rd-7th grade programs.

**Tuition Payment Schedule**

**33% of total paid by September 1, 2019**

**66% paid by December 1, 2019**

**100 % paid by March 1, 2020**

For confidential information on financial assistance,  
contact Ellen Johnson, Synagogue Director at (914) 762-2700.

Payments can be made by cash, check, credit card or ACH.  
Credit card payments \$500 and over will be assessed a processing fee.

**Religious School Schedules**

**Begins September 8, 2019**

<b>Sundays 9:00-11:00AM</b>	<b>Sundays 9:00-11:00AM Tuesdays 4:00-6:00PM</b>	<b>Sundays 11:00AM-1:00PM Tuesdays 4:00-6:00PM</b>
<i>Shorashim (Pre-K/K)</i> <i>Prozdor 1 (1st)</i> <i>Prozdor 2 (2nd)</i>	<i>Alef (3rd)</i> <i>Bet (4th)</i> <i>Gimel (5th)</i> <i>Dalet (6th)</i>	<i>Heh (7th)</i>

**Please note that grades 3-7 attend twice a week.**



# AUTHORIZATIONS



## 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:

## EMERGENCY PERMISSION

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

### EMERGENCY CONTACT PERSONS (Other than parents)

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

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

**All CSI Religious School students are required to be up-to-date on all immunizations.**

## PHOTOGRAPHY RESTRICTION/OPT-OUT

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 checking this box:

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_