



Montebello Jewish Center

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PLEASE RETURN THIS FORM BY AUGUST 1, 2017

Religious School 2017- 2018 Registration Form

Family Information

Name of parent 1:	Name of parent 2:
Home phone:	Home phone (if different):
Work phone:	Work phone:
Email:	Email (if different):
Cell phone:	Cell phone:
Address:	Address (if different):

PLEASE NOTE THE MJC RELIGIOUS SCHOOL IMMUNIZATION POLICY:

Because we care about the health of all of the members of our community, we require that all students are immunized in order to attend our Religious school, except for medically necessary exemptions.

COMPLETE FOR EACH CHILD BEING REGISTERED:

This information will be kept confidential and helps us to better serve our students and their families.

1. Name (Last): _____ (First): _____

Birth date: _____ Hebrew Name: _____

Grade as of September 2017: ___ Allergies/Medications: _____ Child carries an Epi pen

Services child receives in school: OT Speech PT Resource room Reading specialist

Child in self-contained room Child has IEP/504B (please provide

2. Name (Last): _____ (First): _____

Birth date: _____ Hebrew Name: _____

Grade as of September 2017: ___ Allergies/Medications: _____ Child carries an Epi pen

Services child receives in school: OT Speech PT Resource room Reading specialist

Child in self-contained room Child has IEP/504B (please provide)

3. Name (Last): _____ (First): _____

Birth date: _____ Hebrew Name: _____

Grade as of September 2017: ___ Allergies/Medications: _____ Child carries an Epi pen

Services child receives in school: OT Speech PT Resource room Reading specialist

Child in self-contained room Child has IEP/504B (please provide)

Any other information about your child about which you would like us to be aware:

4. Name (Last): _____ (First): _____

Birth date: _____ Hebrew Name: _____

Grade as of September 2017: ___ Allergies/Medications: _____ Child carries an Epi pen

Services child receives in school: OT Speech PT Resource room Reading specialist

Child in self-contained room Child has IEP/504B (please provide)

Any other information about your child/ren about which you would like us to be aware:

Emergency Health Record

Pediatrician's Name:	Phone Number:
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If Parent / Guardian is unavailable, the person/s to contact in case of emergency:

<u>Name 1:</u>	<u>Name 2:</u>
<u>Phone #:</u>	<u>Phone #</u>

Other Children in the Home:

First & Middle Names	Date of Birth	Grade

Please Note: The Religious School Tuition is non-refundable.

For Grade 7, final payment of all dues, tuition and the \$1850 Bar/Bat Mitzvah fee must be paid two months prior to Bar/Bat Mitzvah date.

Signature of Parent/Guardian _____ Date _____

MJC Religious School Fees for 2017-18

<u>Fees:</u>	<u>Tuition paid by credit card</u>	<u>Tuition paid by check</u>
Grades 1 and 2	\$520	\$500
Grade 3 to 7	\$1035	\$1,000
Third child	\$805	\$780
Kindergarten	FREE	FREE