

**Farmington Valley Jewish Congregation – Emek Shalom
Religious School
2008 – 2009 Registration**

STUDENT INFORMATION

Student #1 _____ Hebrew Name _____

Birthdate _____ New to FVJC-ES? _____ Fall 2008 Grade: PK K 1 2 3 4 5 6
Secular School _____

Student #2 _____ Hebrew Name _____

Birthdate _____ New to FVJC-ES? _____ Fall 2008 Grade: PK K 1 2 3 4 5 6
Secular School _____

9Student #3 _____ Hebrew Name _____

Birthdate _____ New to FVJC-ES? _____ Fall 2008 Grade: PK K 1 2 3 4 5 6
Secular School _____

PARENT INFORMATION

Mother's name: _____ Home Phone _____ Work Phone _____

Mother's address: _____ City _____ Zip Code _____

Mother's e-mail address _____ Do you want to be included in the phone chain? _____

Mother's cell phone _____

Father's name: _____ Home Phone _____ Work Phone _____

Father's address: _____ City _____ Zip Code _____

Father's e-mail address: _____

Father's cell phone _____

EMERGENCY INFORMATION

In the event of an emergency, when a parent is not available, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

MEDICAL AUTHORIZATION

I hereby authorize FVJC-Emek Shalom to obtain necessary emergency care for my child in the event of sudden illness, accident, or injury that may occur while said minor is engaged in an activity supervised by FVJC-ES representatives or employees, when neither the parent nor guardian can be contacted. I hereby give consent for treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Connecticut.

Signed: _____ Date: _____

FIELD TRIP RELEASE

I give my child permission to attend any field trips taken during the school year. I understand that I will receive notice of any/each trip, but I do not have to return a permission slip unless the school requests it.

Signed: _____ Date: _____

INDIVIDUAL NEEDS QUESTIONNAIRE

We respectfully ask that this section be completed so we may be sensitive to your child's needs. This information will be kept in confidence. **PLEASE INDICATE TO WHICH CHILD YOU ARE REFERRING.**

Does your child have any medical, emotional, learning, behavioral, or special needs of which we should be aware? If yes, explain. Is your child allergic to anything (i.e. foods, medication or bees)? Please specify:

Is your child on any medication for health, learning, behavioral, or emotional needs?

Does your child receive extra help outside the classroom at his/her secular school? Please explain:

PARENT PARTICIPATION INFORMATION

FVJC Religious School encourages all parents to get involved in their child's education. Please indicate with which activities you would be willing to help:

- Teach Religious or Hebrew School _____
- Classroom assistance _____
- Substitute teach _____
- Room parent _____
- Phone calls _____
- School-wide celebrations _____
- Sukkot Picnic _____
- TuBShevat Seder _____
- Purim _____
- Passover Model Seder _____
- Celebration of Excellence _____
- Education Committee _____
- PTO _____

REGISTRATION FEES			
*****Add FVJC Tote Bag \$10*****			
K – Grade 3 - \$479 _____	Grade 4 – 7 - \$561 _____	After July 25 K – Grade 3 \$504 _____ Grade 4-7 \$586 _____	
Book Fees			
K \$60 _____	1 st Grade \$60 _____	2 nd Grade \$60 _____	3 rd Grade \$120 includes Siddur
4 th Grade \$80	5 th Grade \$80 _____	6 th Grade \$80 _____	7 th Grade \$80 _____
Total (registration fees + book fees) (Add \$10 for Tote Bag) \$ _____			

Received: _____ Check #: _____

CHECKLIST FOR SPECIAL NEEDS

In order to design the most effective learning environment for all our students, we request that parents complete a copy of this form for each child who is a student at FVJC. Information will be held in strict confidence by the Principal, who will share it only with appropriate school personnel. If you require extra copies of this form please call the Religious School Office 651-4218, ext. 11.

My child, _____, has the following special needs:

_____ Giftedness. Areas of special ability: _____

_____ Food allergies. Specify: _____

_____ Medical condition (s), including physical handicap: _____

_____ Medication(s). List: _____

_____ Learning Disability. Specify: _____

_____ Special Social/Emotional Needs: _____

_____ Developmental Disability: _____

_____ Other, including unusual stresses in family or at school (e.g. death of relative, recent move, change in school, etc.) _____

_____ None

Does your child have a current IEP in effect at his/her day or secular school?

(Circle one) YES NO

If so, please attach a copy of the IEP to this form.

I certify that the above statement is accurate to the best of my knowledge.

Signature of parent (s) or legal guardian (s) _____

_____ I would like to schedule a conference with the Principal to discuss my child's needs as a student at FVJC.