

Farmington Valley Jewish Congregation – Emek Shalom

Religious School

55 Bushy Hil Road
Simsbury, CT 06070

2009-2010 Registration

STUDENT INFORMATION

Student #1, Hebrew Name, Birthdate, New to FVJC-ES?, Fall 2009 Grade, Secular School
Student #2, Hebrew Name, Birthdate, New to FVJC-ES?, Fall 2009 Grade, Secular School
Student #3, Hebrew Name, Birthdate, New to FVJC-ES?, Fall 2009 Grade, 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 \_\_\_\_\_

<b>REGISTRATION FEES</b>			
*****Add FVJC Tote Bag \$10*****			
pre-school - \$125 _____			
K – Grade 3 - \$479 _____	Grade 4 – 7 - \$561 _____	After July 25	K – Grade 3 \$504 _____ Grade 4-7 \$586 _____
<b>Book Fees</b>			
K \$60 _____	1 <sup>st</sup> Grade \$60 _____	2 <sup>nd</sup> Grade \$60 _____	3 <sup>rd</sup> Grade \$120 includes Siddur
4 <sup>th</sup> Grade \$80	5 <sup>th</sup> Grade \$80 _____	6 <sup>th</sup> Grade \$80 _____	7 <sup>th</sup> Grade \$80 _____
<b>Total (registration fees + book fees) ( Add \$10 for Tote Bag) \$ _____</b>			

## CHECKLIST FOR SPECIAL NEEDS

*(If more than one student, please indicate which student you are recording for)*

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.

## Parent Participation Form

Without the help of you as parents, we would not be able to run some of the wonderful programs and classroom activities during the year. Please consider signing up for any activities that you are available to help with (if more than one student please indicate which grade or child you are signing up for)

\_\_\_\_ Teach Religious School or Hebrew School

\_\_\_\_ Room Parent

\_\_\_\_ Substitute Teach

\_\_\_\_ School Wide Celebrations

\_\_\_\_ Sukkot Picnic

\_\_\_\_ TuB'Shevat Seder

\_\_\_\_ Purim Carnival

\_\_\_\_ Passover Model Seders

\_\_\_\_ Education Committee

If you would like more information about any of the above, please call the Religious School Office 651-4218.

