ROZ GOODELL RELIGIOUS SCHOOL AT CONGREGATION OR CHADASH

Religious School Registration Form **2011-2012 / 5771-5772**

9096 E. Bahia Drive, Suite 106 ▪ Scottsdale, AZ 85260
Office: 480-342-8858 ▪ Fax: 480-393-7990 ▪ www.congregationorchadash.org

PLEASE MAIL, FAX, OR E-MAIL COMPLETED APPLICATION TO:
Michelle Distel, Education Director
education@congregationorchadash.org

Please complete one form per student. Grades for the 2011-2012 school year are shown in parentheses.
Deposit: $100 for first child, $50 for each sibling— payment must be included with form.

Please select the class for your child:

- *Zeraim* (Seeds- Kindergarten): Sundays, 9:30-12
- *Shorashim* (Roots- 1st Grade): Sundays, 9:30-12
- *Gezaim* (Trunks- 2nd Grade): Sundays, 9:30-12
- *Anafim* (Branches- 3rd Grade): Wednesdays, 4-6, Sundays, 9:30-12
- *Nitzanim* (Buds- 4th Grade): Wednesdays, 4-6, Sundays, 9:30-12
- *Alim* (Leaves- 5th Grade): Wednesdays, 4-6, Sundays, 9:30-12
- *Rimonim* (Pomegranates- 6th/7th Grade): Wednesdays, 4-6, Sundays, 9:30-12

Student's Name:_____Hebrew Name: _____

Birth Date: _____/_____/_____ Gender: ❑Female ❑Male Home Phone: (_____) _____ _____

Home Address: _____

City: _____State:_____Zip: _____

Student lives with: ❑ both parents ❑ Mother ❑ Father ❑ Each; part time ❑Other _____

Send E-mail to: ❑ both parents ❑ Mother only ❑ Father only ❑ Other _____

School Grade as of September 2011 _____ Name of School: _____

Sibling Names & Grades at Or Chadash Religious School as of August 2011: _____

_____

I give permission for my child's address and phone number to be printed in the School Directory. ❑ Yes ❑ No

I give permission for my child's photograph to be used in Congregation Or Chadash's ebulletin, web site or in the local press in conjunction with educational matters. ❑ Yes ❑ No

Father's Name: _____ Father's Hebrew Name: _____

Father's Email: _____Father's Occupation: _____

Father's Address (if different from above): _____

Daytime Phone: (_____) _____ _____Cell Phone: (_____) _____ _____

Mother's Name: _____ Mother's Hebrew Name: _____

Mother's Email: _____Mother's Occupation: _____

Mother's Address (if different from above): _____

Daytime Phone: (_____) _____ _____Cell Phone: (_____) _____ _____

EMERGENCY INFORMATION

Doctor's Name: _____ Phone: (_____) _____ _____

Address: _____

Health Insurance Group:

Group ID #:_____ Plan #:_____

Preferred Hospital:_____

Date of Last Tetanus Shot: _____/_____/_____

Please list two emergency names/phone numbers (not yours) in case of emergency:

1. Name: _____ Relationship to child: _____

Phone: (_____) _____ _____Cell: (_____) _____ _____

The above contact is authorized to pick up my child from school: ❑ Yes ❑ No

2. Name: _____ Relationship to child: _____

Phone: (_____) _____ _____Cell: (_____) _____ _____

The above contact is authorized to pick up my child from school: ❑ Yes ❑ No

Is your child on any regular medication: ❑ Yes ❑ No If so, what medication(s)? _____

Does your child have asthma or any other respiratory condition? ❑ Yes ❑ No

If so, does she/he carry an inhaler? ❑ Yes ❑ No

Does your child have any allergies (food, insect stings, latex, seasonal, and/or medications)?: ❑ Yes ❑ No

If so, to what is s/he allergic? _____

Does your child have any medical condition of which we should be aware: ❑ Yes ❑ No

If so, please explain. _____ _____

Does your child have any special learning challenges? ❑ Yes ❑ No

If so, please explain. _____ _____

Does your child receive extra help outside the classroom at his/her secular school (i.e. speech therapy, occupational therapy, reading resources, etc.)? ❑ Yes ❑ No If so, please explain: _____

In case of a medical emergency, I authorize the Or Chadash staff to obtain emergency medical treatment for my child. I understand that every effort will be made to contact me immediately. I grant authority to any hospital or health care professional to provide immediate medical aid for my child's health and safety. I understand that this expense will be my financial responsibility.

Parent(s)/Guardian(s) Signature: _____*Date:*_____

For Office Use Only:

Deposit: $100 for first child, $50 for each sibling— payment must be included with form.

Tuition:

- ❑ *Zeraim* (Seeds- Kindergarten): $495
- ❑ *Shorashim* (Roots- 1st Grade): $495
- ❑ *Gezaim* (Stems- 2nd Grade): $495
- ❑ *Anafim* (Branches- 3rd Grade): $745
- ❑ *Nitzanim* (Buds- 4th Grade): $745
- ❑ *Alim* (Leaves- 5th Grade): $745
- ❑ *Rimonim* (Pomegranates- 6th/7th Grade): $745

* B'nai Mitzvah Prep: $750- To be paid at B'nai Mitzvah contract signing.

Check # _____

CC#_____ Exp. Date:_____ Security #:_____

Amount Received: _____ Class Assignment: _____