



REGISTRATION FORM

2016-2017 SCHOOL YEAR

STEPHEN WISE FREE SYNAGOGUE RELIGIOUS SCHOOL

30 West 68th Street, New York, NY 10023 Phone: 212-877-4050 ext 230 Fax: 212-787-7108

E-mail: religiousschool@swfs.org Website: www.swfs.org

Carefully complete the registration form, sign and return to RS Office.

FAMILY INFORMATION

Parent/Guardian1 Name: _____ Cell: _____ Home: _____

Parent/Guardian2 Name: _____ Cell: _____ Home: _____

Address: _____ Zip code: _____

Much of our communication is done through email. Please list where you would like the RS to send information:

E-mail address1: _____ E-mail address2: _____

Do you wish all mailings and emails regarding the child(ren) go to both parties? ☐ Yes ☐ No

Religious Tradition in which I was raised: ☐ Jewish ☐ Non-Jewish Current Affiliation: _____

RELEASE AUTHORIZATION

Please fill out the following and sign at the bottom of this section.

The following people, other than myself, have permission to pick up my child from school:

FULL NAME	PHONE	RELATIONSHIP

***Kindergarten – Fourth Grade Students MUST BE PICKED UP by an authorized adult!**

IN CASE OF AN EMERGENCY

We try hard to create a safe and welcoming environment. With that being said, we still must gather any necessary information in case of an emergency. If an emergency occurs on the premises of SWFS, our staff is certified with First Aid/CPR, and students will be cared for in the appropriate manner.

If you are unable to be reached, please list adults, other than yourself, who we can contact:

CONTACT PERSON	PHONE	RELATIONSHIP

DOCTOR INFORMATION

DOCTOR NAME	DOCTOR PHONE	HOSPITAL AFFILIATION

In the event of any emergency and I cannot be reached, I hereby give permission for my child to be treated by the physician/hospital selected by the staff member in charge.

_____ (signature)

FIELD TRIPS

In the event that my child participates in activities held outside of the building, I/we both individually and as the legal guardian(s) of my/our child, hereby waive any and all claims against Stephen Wise Free Synagogue, its agents and its employees, that may arise out of any injury, loss or other damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the directions and rules specified in the trip information.

_____ (signature)

Date Received/Initials: _____

REGISTRATION FORM

2016-2017 SCHOOL YEAR

STEPHEN WISE FREE SYNAGOGUE RELIGIOUS SCHOOL

30 West 68th Street, New York, NY 10023 Phone: 212-877-4050 ext 230 Fax: 212-787-7108

E-mail: religiousschool@swfs.org Website: www.swfs.org

STUDENT GENERAL INFORMATION

CHILD 1: _____

Hebrew Name: _____

Birth date: ____/____/____

Male ☐

Female ☐

Student Email: _____

Name of Secular School: _____

Grade Level 2016-2017: _____

Religious School Grade 2016-2017: _____

Program: Sunday ☐ Weekday ☐

Allergies/ Special Medical Condition: _____

Medication: _____

Friend Requests: 1. _____

2. _____

Initial to:

☐ Meet with Education Director to discuss learning/social needs

☐ Interested in walking program from PS 199, Ethical Culture Fiedlston School and/or PS 87

☐ *For students in Fifth Grade and older:* I give this child permission to walk home alone

☐ I would like to donate

☐ \$36.00 towards the Teacher Gift Fund

☐ \$300.00 to the Religious School Fund

CHILD 2: _____

Hebrew Name: _____

Birth date: ____/____/____

Male ☐

Female ☐

Student Email: _____

Name of Secular School: _____

Grade Level 2016-2017: _____

Religious School Grade 2016-2017: _____

Program: Sunday ☐ Weekday ☐

Allergies/ Special Medical Condition: _____

Medication: _____

Friend Requests: 1. _____

2. _____

Initial to:

☐ Meet with Education Director to discuss learning/social needs

☐ Interested in walking program from PS 199, Ethical Culture Fiedlston School and/or PS 87

☐ *For students in Fifth Grade and older:* I give this child permission to walk home alone

☐ I would like to donate

☐ \$36.00 towards the Teacher Gift Fund

☐ \$300.00 to the Religious School Fund

CHILD 3: _____

Hebrew Name: _____

Birth date: ____/____/____

Male ☐

Female ☐

Student Email: _____

Name of Secular School: _____

Grade Level 2016-2017: _____

Religious School Grade 2016-2017: _____

Program: Sunday ☐ Weekday ☐

Allergies/ Special Medical Condition: _____

Medication: _____

Friend Requests: 1. _____

2. _____

Date Received/Initials: _____

REGISTRATION FORM

2016-2017 SCHOOL YEAR

STEPHEN WISE FREE SYNAGOGUE RELIGIOUS SCHOOL

30 West 68th Street, New York, NY 10023 Phone: 212-877-4050 ext 230 Fax: 212-787-7108

E-mail: religiousschool@swfs.org Website: www.swfs.org

(CHILD 3 continued)

Initial to:

- ☐ Meet with Education Director to discuss learning/social needs
☐ Interested in walking program from PS 199, Ethical Culture Fiedlston School and/or PS 87
☐ For students in Fifth Grade and older: I give this child permission to walk home alone
☐ I would like to donate
☐ \$36.00 towards the Teacher Gift Fund
☐ \$300.00 to the Religious School Fund

COMMUNITY INVOLVEMENT

The Religious School puts together a Family Directory which includes contact information for all SWFS Religious School Families. You may elect to withhold this information by checking the box and signing below:

☐ Please WITHHOLD my information from the Directory

☐ Please SHARE my information

Throughout the school year, there are a variety of times during our program or events that students will be photographed (individual or group shots) to be used for our weekly parent newsletters, website, and/or promotional material. SWFS, the SWFS Religious School and all other divisions, departments, and offices reserve the right to use photographs of Religious School students in its publicity and any other promotional materials, at our discretion. We will not identify any child by name without the express permission of a parent or guardian.

☐ Please DO NOT use my child(ren)'s photo

☐ You CAN use my child(ren)'s photo

Please sign here to indicate that all of the above information is accurate and complete.

Print Name: _____ Signature: _____ Date: _____

*A \$250 deposit must be made to reserve your spot in the SWFS Religious School. Parents will be billed the remaining tuition at the start of the school year.

This section is to be filled out by the Religious School Office:

Last Name:	First Name:
Student 1: Grade: _____ Program: SUN WKDY Walking: Y N Tuition: \$_____ Materials: \$_____	
Student 2: Grade: _____ Program: SUN WKDY Walking: Y N Tuition: \$_____ Materials: \$_____	
Student 3: Grade: _____ Program: SUN WKDY Walking: Y N Tuition: \$_____ Materials: \$_____	
Additions: Teacher Gift Fund: \$_____ Religious School Fund: \$_____	
Schedule meeting with: <input type="checkbox"/> Education Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Rabbi	
Permissions: <input type="checkbox"/> Field Trips <input type="checkbox"/> Directory <input type="checkbox"/> Photo Release	
Allergies:	
Member in good-standing: Y N	
Other Needs/Notes:	

Date Received/Initials: _____