



POST BBM 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: _____

2016-2017 SCHOOL YEAR

Are you returning to Religious School next year? Check: ☐ YES ☐ NO

STUDENT GENERAL INFORMATION

Student 1: _____ Student Email: _____

Name of Secular School: _____ Grade Level 2016-2017: _____

Allergies/ Special Medical Condition: _____ Medication: _____

Student 2: _____ Student Email: _____

Name of Secular School: _____ Grade Level 2016-2017: _____

Allergies/ Special Medical Condition: _____ Medication: _____

POST BBM PROGRAM INFORMATION

Our Post BBM Community comes together to celebrate, help others, socialize, and learn. Students in Grades 8-12 can volunteer at the Next Steps Men's Shelter, work as a Classroom Assistant with our youngest Religious School students, join together for Holiday and Shabbat celebrations, and more throughout the year. In order to participate, we ask students and their families to financially support this programming by contributing \$180 for the year with their registration.

Please note that our trips to NOLA, Memphis, and RAC L'Taken are an additional fee, and require a \$250 non-refundable deposit to reserve the participant's spot.

Please check all programs you are interested in and we will send you updates in Fall 2016 with further information.

POST BBM PROGRAM (Overseen by Hayley Wright)		
Interest	Program	Dates
	High School Graduation	(Blessing During Services): Saturday, May 6, 2017; 10:00 a.m.
	Volunteer: Shelter Dinners	Mondays: 9/26, 11/21, 12/5, 3/6, 4/3, 5/8
	Volunteer: Emergency Food Program	Saturdays: 12/10, 3/11
	Classroom Assistant Program	Orientation: 9/12 *CAs working on Mondays will assist with shelter dinners listed above
	8 th Grade NOLA Trip cost: \$1500.00	Pre-trip mtg: 1/9, Thursday, January 12, 2017 – Monday, January 16, 2017
	9 th Grade RAC L'Taken Trip cost: \$750.00	Pre-trip mtg: 2/13, Friday, February 24, 2017 – Monday, February 27, 2017
	10 th – 12 th Grade Memphis Trip cost: \$1300.00	Pre-trip mtg: TBD, Friday, February 17, 2017 – Tuesday, February 21, 2017
	Holiday Events	10/4 (RHII), 12/11 (Chanukah), 2/12 (Tu BShvat), 3/12 (Purim), and 4/24 (Yom Hashoah)
	Shabbat Dinners	10/28, 1/27

Date Received/Initials: _____

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RELEASE AUTHORIZATION

Please give your child permission to leave programs by him/herself.

Yes, I allow my child, _____, to walk home alone.

Signature

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: _____

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

Last Name:

First Name:

Student 1: Grade: _____ Interested in:

Student 2: Grade: _____ Interested in:

Additions: Religious School Fund: \$ _____

Schedule meeting with: ☐ Education Director ☐ Executive Director ☐ Rabbi

Permissions: ☐ Release Authorization ☐ Directory ☐ Photo Release

Allergies:

Member in good-standing: Y N

Other Needs/Notes:

Date Received/Initials: _____