

RELIGIOUS SCHOOL FAMILY INFORMATION

STEPHEN WISE FREE SYNAGOGUE

2017-2018 SCHOOL YEAR

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

To enroll in the Religious School at Stephen Wise Free Synagogue, the student's legal guardian must be a member of the congregation. For membership information, please call our Membership Office at (212) 877-4050 ext. 223.

RETURNING THE REGISTRATION FORM

Please return the completed form and a non-refundable \$250 deposit per student as soon as possible.

After August 1, we no longer guarantee friend requests.

Forms can be returned by mail:

Religious School
Stephen Wise Free Synagogue
30 West 68th Street
New York, NY 10023

By email:

religiousschool@swfs.org

By fax:

(212) 877-7108

FAMILY INFORMATION

Adult 1 Full Name: _____ Street Address: _____

Cell: _____ Home: _____ Work: _____ Zip code: _____

Email: _____

Adult 2 Full Name: _____ Street Address: _____

Cell: _____ Home: _____ Work: _____ Zip code: _____

Email: _____

Is there anything you would like us to know about your household? _____

STUDENT GENERAL INFORMATION

Student 1 Full Name: _____ Hebrew Name: _____

D/O/B: ___ / ___ / ___ Gender: ___ Interested in Independent Study w/ our clergy (Grades 3-7 only): ___ Yes ___ No

Secular School: _____ Secular Grade Level: _____ RS Grade Level: _____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child have any specific learning needs we should be aware of? _____

Student 2 Full Name: _____ Hebrew Name: _____

D/O/B: ___ / ___ / ___ Gender: ___ Interested in Independent Study w/ our clergy (Grades 3-7 only): ___ Yes ___ No

Secular School: _____ Secular Grade Level: _____ RS Grade Level: _____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child have any specific learning needs we should be aware of? _____

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Student 3 Full Name: _____ Hebrew Name: _____

D/O/B: ____ / ____ / ____ Gender: ____ Interested in Independent Study w/ our clergy (Grades 3-7 only): ___ Yes ___ No

Secular School: _____ Secular Grade Level: _____ RS Grade Level: _____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child have any specific learning needs we should be aware of? _____

IN CASE OF AN EMERGENCY

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

CONTACT PERSON

PHONE

RELATIONSHIP

PHYSICIAN INFORMATION

PHYSICIAN NAME

DOCTOR PHONE

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. Please initial: _____

DISMISSAL INFORMATION

____ Other than with Adult 1 & 2, my child(ren) is/are allowed to leave Religious School with the following adults:

Full Name: _____ Phone: _____ Relationship: _____

Full Name: _____ Phone: _____ Relationship: _____

Full Name: _____ Phone: _____ Relationship: _____

____ The following children in my family have permission to leave unescorted by an adult from Religious School at the end of the day:

(1) _____ (2) _____ (3) _____

PERMISSION TO SHARE

We often take photos and video during Religious School. If you **DO NOT AUTHORIZE** Stephen Wise Free Synagogue to use photographs and recordings of your child on our website, in print materials, and other media for the promotion of and public education about our programs, initial here: _____ *Please note: we will not identify any student by name.*

For Sixth and Seventh Grade Families: We encourage our students to invite their entire class to their Bnai Mitzvah. If you **DO NOT** want your name, email and mailing addresses released for this purpose, please initial here: _____

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

Print Full Name: _____

Signature: _____

Date: ____ / ____ / ____

*A \$250 deposit must be made to reserve your spot in the SWFS Religious School. Families will be billed the remaining tuition.

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