

RELIGIOUS SCHOOL FAMILY INFORMATION

STEPHEN WISE FREE SYNAGOGUE

2019-2020 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: _____ Are you interested in mentoring new RS families? Yes

Adult 2 Full Name: _____ Street Address: _____

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

Email: _____ Are you interested in mentoring new RS families? Yes

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: ___ Secular School: _____ Secular Grade Level: _____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child carry or use an epi-pen? Yes No

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

Student 2 Full Name: _____ Hebrew Name: _____

D/O/B: ___ / ___ / ___ Gender: ___ Secular School: _____ Secular Grade Level: _____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child carry or use an epi-pen? Yes No

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

RELIGIOUS SCHOOL FAMILY INFORMATION

STEPHEN WISE FREE SYNAGOGUE

2019-2020 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

Student 3 Full Name: _____ Hebrew Name: _____

D/O/B: ____ / ____ / ____ Gender: ____ Secular School: _____ Secular Grade Level: ____

Friend Requests: (1) _____ (2) _____

Please describe any allergies or special medical conditions: _____

Does your child carry or use an epi-pen? ____ Yes ____ No

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 unaccompanied by an adult from Religious School at the end of the day – this includes allowing my child to dismiss from the physical building outside to a vehicle:

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

PERMISSION TO SHARE

We often take photos and video during Religious School. If you **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: ____

DR/I: _____

RELIGIOUS SCHOOL FAMILY INFORMATION

STEPHEN WISE FREE SYNAGOGUE

2019-2020 SCHOOL YEAR

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

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

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.

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:

religiouschool@swfs.org

By fax:

(212) 877-7108



Student 1 Full Name: _____

GRADE LEVEL & PROGRAM (SELECT ONE) <i>*If you are registering a new student or students starting in fourth grade or higher with no previous Hebrew education, an additional \$300 fee per student will be assessed and added to your bill.</i>		EARLY BIRD TUITION (BEFORE JUNE 15, 2019)	TUITION (ON OR AFTER JUNE 15, 2019)	MATERIALS & SNACK FEE
___ Taste of Religious School (Pre-K)	___ Sundays, twice a month, 9:00a-11:00a	\$925	\$1,000	\$175
___ Kindergarten	___ Sundays, 9:00a-11:00a ___ Tuesdays, 4:00p-6:00p	\$1,625	\$1,700	\$175
___ First Grade ___ Second Grade	___ Sundays, 9:00a-11:00a ___ Tuesdays, 4:00p-6:00p	\$1,700	\$1,775	\$175
___ Third Grade ___ Fourth Grade* ___ Fifth Grade*	___ Sundays, 9:00a-11:30a ___ Mondays, 4:00p-6:30p	\$2,295	\$2,370	\$175
___ Sixth Grade*	___ Sundays, 11:00a-1:00p ___ Wednesdays, 4:00p-6:00p	\$2,185	\$2,260	\$175
___ Seventh Grade*	___ Sundays, 11:00a-1:00p ___ Wednesdays, 4:00p-6:00p	\$1,950	\$2,025	\$175
___ Portals (18) 1.5 hour sessions	___ Third Grade ___ Fourth Grade ___ Fifth Grade ___ Sixth Grade ___ Seventh Grade	N/A	\$3,000	\$175
ADDITIONAL PROGRAMMING (Must be enrolled in RS to participate)				
___ Independent Study with Clergy (Grade 3-7)	___ 30 min. session, once a month, with a member of clergy	N/A	N/A	\$180
ADDITIONAL FEES & CONTRIBUTIONS				
___ Weekday Walking Service	(SCHOOL:) ___ ECFS ___ PS 87 ___ PS 199 (DAY:) ___ MON ___ TUES		\$350	
___ Support Our School!	<i>Tuition partially covers the cost of our RS. We encourage families to give a voluntary, tax-deductible contribution.</i>		___ \$300. Or write in alternate amount here: \$ _____	
___ Teacher Gift Fund	<i>Help us thank our teachers with holiday and end-of-the-year gifts with this voluntary donation.</i>		___ \$36. Or write in alternate amount here: \$ _____	
(ADMIN ONLY) S1 TOTAL:			\$ _____	

Student 2 Full Name: _____

GRADE LEVEL & PROGRAM (SELECT ONE) <i>*If you are registering a new student or students starting in fourth grade or higher with no previous Hebrew education, an additional \$300 fee per student will be assessed and added to your bill.</i>		EARLY BIRD TUITION (BEFORE JUNE 15, 2019)	TUITION (ON OR AFTER JUNE 15, 2019)	MATERIALS & SNACK FEE
___ Taste of Religious School (Pre-K)	___ Sundays, twice a month, 9:00a-11:00a	\$925	\$1,000	\$175
___ Kindergarten	___ Sundays, 9:00a-11:00a ___ Tuesdays, 4:00p-6:00p	\$1,625	\$1,700	\$175
___ First Grade ___ Second Grade	___ Sundays, 9:00a-11:00a ___ Tuesdays, 4:00p-6:00p	\$1,700	\$1,775	\$175
___ Third Grade ___ Fourth Grade* ___ Fifth Grade*	___ Sundays, 9:00a-11:30a ___ Mondays, 4:00p-6:30p	\$2,295	\$2,370	\$175
___ Sixth Grade*	___ Sundays, 11:00a-1:00p ___ Wednesdays, 4:00p-6:00p	\$2,185	\$2,260	\$175
___ Seventh Grade*	___ Sundays, 11:00a-1:00p ___ Wednesdays, 4:00p-6:00p	\$1,950	\$2,025	\$175
___ Portals (18) 1.5 hour sessions	___ Third Grade ___ Fourth Grade ___ Fifth Grade ___ Sixth Grade ___ Seventh Grade	N/A	\$3,000	\$175
ADDITIONAL PROGRAMMING (Must be enrolled in RS to participate)				
___ Independent Study with Clergy (Grade 3-7)	___ 30 min. session, once a month, with a member of clergy	N/A	N/A	\$180
ADDITIONAL FEES & CONTRIBUTIONS				
___ Weekday Walking Service	(SCHOOL:) ___ ECFS ___ PS 87 ___ PS 199 (DAY:) ___ MON ___ TUES		\$350	
___ Support Our School!	<i>Tuition partially covers the cost of our RS. We encourage families to give a voluntary, tax-deductible contribution.</i>		___ \$300. Or write in alternate amount here: \$ _____	
___ Teacher Gift Fund	<i>Help us thank our teachers with holiday and end-of-the-year gifts with this voluntary donation.</i>		___ \$36. Or write in alternate amount here: \$ _____	
(ADMIN ONLY) S2 TOTAL:			\$ _____	

Student 3 Full Name: _____

GRADE LEVEL & PROGRAM (SELECT ONE) <i>*If you are registering a new student or students starting in fourth grade or higher with no previous Hebrew education, an additional \$300 fee per student will be assessed and added to your bill.</i>		EARLY BIRD TUITION (BEFORE JUNE 15, 2019)	TUITION (ON OR AFTER JUNE 15, 2019)	MATERIALS & SNACK FEE
____ Taste of Religious School (Pre-K)	____ Sundays, twice a month, 9:00a-11:00a	\$925	\$1,000	\$175
____ Kindergarten	____ Sundays, 9:00a-11:00a ____ Tuesdays, 4:00p-6:00p	\$1,625	\$1,700	\$175
____ First Grade ____ Second Grade	____ Sundays, 9:00a-11:00a ____ Tuesdays, 4:00p-6:00p	\$1,700	\$1,775	\$175
____ Third Grade ____ Fourth Grade* ____ Fifth Grade*	____ Sundays, 9:00a-11:30a ____ Mondays, 4:00p-6:30p	\$2,295	\$2,370	\$175
____ Sixth Grade*	____ Sundays, 11:00a-1:00p ____ Wednesdays, 4:00p-6:00p	\$2,185	\$2,260	\$175
____ Seventh Grade*	____ Sundays, 11:00a-1:00p ____ Wednesdays, 4:00p-6:00p	\$1,950	\$2,025	\$175
____ Portals <i>(18) 1.5 hour sessions</i>	____ Third Grade ____ Fourth Grade ____ Fifth Grade ____ Sixth Grade ____ Seventh Grade	N/A	\$3,000	\$175
ADDITIONAL PROGRAMMING (Must be enrolled in RS to participate)				
____ Independent Study with Clergy (Grade 3-7)	____ 30 min. session, once a month, with a member of clergy	N/A	N/A	\$180
ADDITIONAL FEES & CONTRIBUTIONS				
____ Weekday Walking Service	(SCHOOL:) ____ ECFS ____ PS 87 ____ PS 199 (DAY:) ____ MON ____ TUES		\$350	
____ Support Our School!	<i>Tuition partially covers the cost of our RS. We encourage families to give a voluntary, tax-deductible contribution.</i>		____ \$300. Or write in alternate amount here: \$ _____	
____ Teacher Gift Fund	<i>Help us thank our teachers with holiday and end-of-the-year gifts with this voluntary donation.</i>		____ \$36. Or write in alternate amount here: \$ _____	
(ADMIN ONLY) S3 TOTAL:			\$	

(ADMIN ONLY) Family Total for Religious School: _____