



ביחד אתכם

B'Yachad Etchem

Registration 2018/2019 5779

Sundays, 9:30 AM-12:30 PM

\$550 tuition per student

\$500 if affiliated with one of our three synagogues.

Please **PRINT CLEARLY**.

1. Student(s) Information:

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Supply Fee \$10 per student				\$ _____
Sub-Total				\$ _____
Reduced Rate for Each Additional Sibling (-\$25)				\$ _____
Total				\$ _____

Family Synagogue Affiliation _____

Option 1: Payment in FULL Check # _____ @ \$ _____

Option 2: 3 Payments (dated July 1st, September 1st, and November 1st, 2017)

3 checks @ \$ _____ each = TOTAL \$ _____ (checks must be enclosed)

Mail Application and Payment To:

Ohav Shalom, 113 Krumkill Road, Albany, New York 12208

Parent Information:

Students live with (check one): Both Parents Mother Father Other
If other, please indicate your relationship: _____

Parent/Guardian 1 Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

Parent/Guardian 2 Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

Does the student(s) have Special Needs? _____ **An I.E.P?** _____
(Please provide documentation)

Allergies or Medications? _____

Other relevant information

Emergency Contact:

Name _____ Relationship _____ Phone _____

Photo Release: I give permission for my child's photograph to be used in synagogue publications and local newspapers. Please sign (Parent/Guardian Signature)

B'Yachad Student Directory: I give permission for my **Contact Information** to be included in the B'Yachad Student Directory. Please sign (Parent/Guardian Signature)

ANY QUESTIONS: Contact Rabbi Miriam Midlarsky Lichtenfeld, B'Yachad Principal, at: RabbiMiriam@byachadalbany.org

For Office Use ONLY	Synagogue Affiliation _____		
Billing Code _____	If multiple children, copy made for each	Date _____	Initial _____
Total Amount Due _____	Given to Education Office	Date _____	Initial _____
Reg. Fees Received Date _____ Initial _____	Placed in Education binder (Main Office) Date _____		Initial _____
Reg. Accepted Date _____ Initial _____	Notes _____		