



# REGISTRATION FORM 2023-2024 | 5784

## TUITION

Tuition will remain the same as last year. We will continue to provide a high-quality education with updated books and materials, hands-on programs and holiday celebrations.

### Kindergarten/1st Grade

**\$610 (includes supply fee)**  
Sundays (9:30-12:00)

### Grades 2-7

**\$860 (includes supply fee)**  
Sundays (9:30-12:00) and Wednesdays (4:00-6:00)

Please print clearly.

### **Student(s) Information:**

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
<b>LATE FEE \$25 after September 1st</b>				\$
<b>Reduced rate for each additional sibling (-\$25)</b>				\$
<b>SUBTOTAL</b>				<b>\$</b>
<i>Parents, please consider an additional contribution if you are able: \$100 ___ \$250 ___ \$360 ___ other</i>				\$
<b>TOTAL</b>				<b>\$</b>

**Option 1: Payment in FULL** Check # \_\_\_\_\_ \$ \_\_\_\_\_

**Option 2: 4 Payments (dated August 6, 2023, through November 6, 2023)**

4 monthly postdated checks \$ \_\_\_\_\_ each = TOTAL \$ \_\_\_\_\_ (checks must be enclosed)

**RETURN YOUR COMPLETED FORM WITH PAYMENT TO CONGREGATION OHAV SHALOM**

Additional payment options/educational subsidies may be available. Please contact your synagogue for information.

**Congregation Ohav Shalom**, 113 New Krumkill Road, Albany, New York 12208 | (518) 489-4706

**B'nai Sholom**, 420 Whitehall Road, Albany, New York 12208 | (518) 482-5283

**PARENT AND FAMILY INFORMATION**

Students live with (Please check):  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 \_\_\_\_\_

*To strengthen and ease communication with parents, the Board is looking into texting platforms. Please check the below box if you will provide permission to use your cell phone number for texting information and reminders.*

I opt in to texting

**Parent/Guardian 1 Name:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

*To strengthen and ease communication with parents, the Board is looking into texting platforms. Please check the below box if you will provide permission to use your cell phone number for texting information and reminders.*

I opt in to texting

**Other Siblings:** Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Family Synagogue Affiliation:** \_\_\_\_\_

**NON-PARENT Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, which hospital would you prefer? \_\_\_\_\_

**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) \_\_\_\_\_

**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 \_\_\_\_\_

## STUDENT INFORMATION

**(Please complete one form for each student)**

Student Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Student's Grade in School: \_\_\_\_\_

***Our goal is to make Judaism and a Jewish education accessible to all children and to "Educate each child according to their way" (Proverbs 22:6).*** Please help us by describing any emotional, behavioral, physical, and/or learning challenges that might affect the student's ability to work at grade level or participate in educational or social programs at B'Yachad. Please include any information that might be useful for the educational staff in planning for your child's education.

### **Special Services:**

Does the student have an IEP?  Yes  No                      Does student have a 504?  Yes  No  
(If yes, please attach a copy for our Special Education Coordinator)

Does the student receive special accommodations at school or through the school district?  Yes  No  
If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Vaccination:**

The NYS required vaccines for school attendance.

Has your child been vaccinated to meet New York State school requirements?  Yes  No

### **Allergies:**

Does the student have any medical problems or food allergies?  Yes  No

if Yes, please describe \_\_\_\_\_

### **Medical:**

Does the student take any prescription medications regularly?  Yes \_\_\_\_\_  No

Any that might impact participation at B'Yachad? \_\_\_\_\_

### **Other relevant information that will help us best educate your child:**

**Strengths:** \_\_\_\_\_  
\_\_\_\_\_

**Needs help with:** \_\_\_\_\_  
\_\_\_\_\_

**We would like the teacher to know:** \_\_\_\_\_  
\_\_\_\_\_