



REGISTRATION FORM 2024-2025 | 5785

*Jewish learning and community are more important than ever.
And more fun too! B'yachad, is the place to be!*

At B'yachad, we offer a quality Jewish education with updated materials, hands-on projects and activities, engaging programs, and vibrant family holiday celebrations.

Student(s) Information: (Please print clearly)

NAME	HEBREW NAME	D.O.B.	GRADE	AMT. DUE
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
Reduced rate for each additional sibling (-\$25)				\$
LATE FEE \$25 after September 2nd				\$
SUBTOTAL				\$
<i>Parents, additional contributions are appreciated: \$100 ___ \$250 ___ \$360 ___ other</i>				\$
TOTAL				\$

Kindergarten/1st Grade

\$630 (includes supply fee)
Sundays (9:30-12:00)
**Non-member + \$315

Grades 2-7

\$910 (includes supply fee)
Sundays (9:30-12:00) and Wednesdays (4:00-6:00)
**Non-member + \$455

FAMILIES WHO ARE NOT MEMBERS OF OHAV SHALOM OR B'NAI SHOLOM WILL BE REQUIRED AN ADDITIONAL NON-MEMBER FEE OF **\$315 (FOR K-1) AND **\$455 (FOR 2-7) OVER THE REGULAR TUITION.

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

Option 2: 4 Payments (dated August 5, 2024, through November 4, 2024)

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

PLEASE 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 _____

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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: _____
