



2021-2022 (5782)
Religious School Registration
Congregation Emanu-El of the City of New York

For questions, please contact the Religious School office at school@emanuelnyc.org or (212) 507-9546.

Please complete one registration form for each student. Additional copies of this form can be downloaded at www.emanuelnyc.org/RSforms. Returning families may also contact us for an individualized form based on previous registration information.

GENERAL INFORMATION

Please complete one registration form for each student. The information included below is based on our data from last year's registration information. Please verify that it is still accurate or update when necessary. Make sure to answer all questions and sign or initial in all required areas.

Name of Student: _____ Nickname: _____ Gender: _____

Address: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Secular School: _____ Grade (2021-2022): _____

Student attended Religious School at Congregation Emanu-El in a prior year: ___Yes ___No

Name of Adult 1: _____ Relationship: _____

Address (if different than above): _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Name of Adult 2: _____ Relationship: _____

Address (if different than above): _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

If at a different address, does Adult 2 require duplicate mailings? ___Yes ___No

If you have a preferred contact person and/or method from the above information, please share here:

EMERGENCY CONTACT INFORMATION

In case of emergency, Congregation Emanu-El will contact Adults 1 and 2 listed above. If there are additional Emergency Contacts, please provide the information here:

Emergency Contact #1 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information: _____

Emergency Contact #2 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information: _____

MEDICAL INFORMATION

Please remember to inform the Religious School office if there are changes in the student's health over the course of the year. All medical information is kept strictly confidential.

In the event no one can be reached, I give permission for the staff of Congregation Emanu-El to take whatever emergency measures are necessary: ___ Yes ___ No

Is your child regularly on any medication? ___ Yes ___ No

If yes, please describe:

School personnel are not permitted to administer medication to students; if your child will require the above medication during Religious School hours, please detail the method by which your child will receive this medication:

Please describe any allergies or special medical conditions:

Does your child carry an Epi Pen? ___ Yes* ___ No

**A separate Allergy Information & Epi Pen Authorization Form will be sent to all families with a child who carries an Epi Pen.*

In the unlikely event of a medical emergency while your child is in school, please provide the following information:

Physician's Name: _____ Phone Number: _____

Please print your name here:

Sign here to indicate that all medical information is clear and accurate: _____

STUDENT PLACEMENT INFORMATION

PreK-8 graders attend one day a week, either on Sundays or Mondays. High School Students can participate in Confirmation on select Sunday mornings. Program calendars will be available in August.

Please register my child for Religious School as follows:

___ Sundays, 9:30 AM – 12 PM (PreK-8th grade) ___ Mondays, 4 PM – 6 PM (PreK-8th grade)

___ High School Confirmation; Sundays, 10:30 AM – 12 PM (9th grade)

To build classroom community, we endeavor to honor students' requests to be placed with friends.

My child would prefer to be placed in the same class as one of the following students:

My child has prior knowledge of Hebrew: ___Yes ___No If yes, please describe: _____

If there are any special learning needs, issues or other concerns regarding your child that you would like to confidentially share with us, please check here: _____

A good time for you to be reached to discuss this matter is: _____

RELIGIOUS SCHOOL DISMISSAL INFORMATION

We are committed to ensuring the safety of our students at all times while at Congregation Emanu-El. No student will be allowed to leave Religious School unaccompanied by an adult, unless permission is given below.

___My child has my permission to leave Religious School unescorted at the end of the day.

___My child is only allowed to leave Religious School escorted by an adult. In addition to Adult 1 & 2 indicated on Page 1 of this registration form, please let my child leave with the following adults:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

ADDITIONAL PROGRAMS FOR STUDENTS

We are interested in learning more about the following programs occurring outside of school hours:

___ Shofar Corps (PreK-8th grade) ___ One-on-One Online Hebrew Enrichment (3rd-6th grade)

___ Newspaper (3rd-6th grade) ___ Teen Philanthropic Committee (8th-12th grade)

___ Student Council (4th-7th grade) ___ A-TEEM (High School Internship, 9th-12 grade)

___ Youth Group Events (3rd-7th grade)

ADULT VOLUNTEER OPPORTUNITIES

Please contact me regarding the following volunteer opportunities for adults:

___ Volunteering in the Religious School ___ Volunteering at Family Programs
(while your child is in school) (outside of school hours)

___ Volunteering for Sunday Lunch Program ___ Tikkun Olam Committee/Mitzvah Day Activities

COMMUNICATIONS

We respect your right to privacy and therefore would like to make you aware of the following:

Congregation Emanu-El reserves the right to photograph and video participants in our programs, and make use of recordings of online programming, for use in public promotion or public education about our programs. It is our policy to not associate any images of students with their full name. If you have questions or concerns about this policy, contact the Religious School at (212) 507-9546 or school@emanuelnyc.org.

If you do not want your name and contact information (address, home phone and email) included in the Religious School Parent/Student Directory, initial here: ____

ADDITIONAL FAMILY INFORMATION

We'd like to learn a bit more information about your family.

Student attended Temple Emanu-El's Nursery School: ____Yes ____No

Family participated in Temple Emanu-El's Young Families Group/Tot Shabbat: ____Yes ____No

Student attends the following summer camp: _____

Does your family have additional children who have never been registered for our Religious School?

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Describe any skill, area of expertise or resource you or a member of your family could offer the Religious School community:

SIGNATURE

By signing this form you are confirming that the above information is correct.

Print Name: _____

Signature: _____ Date: _____

PAYMENT

Religious School fees for member families for the 2021-2022 academic year are \$1825 per student. A \$150 discount per student will be issued to any member family who registers in full by submitting a completed form and full tuition payment by June 30, 2021. to pay online by credit cards, go to www.emanuelnyc.org/payment.

Non-member rates are \$2950 per student, or \$2400 for students whose families are members of partner congregations. For membership information, please contact the Membership Office at (212) 507-9514 or membership@emanuelnyc.org or visit us at www.emanuelnyc.org/membership to download an application.

RETURNING THE REGISTRATION FORM

Forms can be returned by mail:

Religious School Office
Congregation Emanu-El
One East 65th Street, 4th Floor
New York, NY 10065

By email:

school@emanuelnyc.org