

Congregation Adas Emuno Religious School

254 Broad Ave. Leonia, NJ 07605 • www.AdasEmuno.org • 201-592-1712 • adasschool@gmail.com

STUDENT INFORMATION SCHOOL YEAR 2023-2024

DIRECTIONS: Please review and complete carefully for each child. We will share this information with our faculty to help enrich your child's Religious School experience. Please advise Congregation Adas Emuno Religious School of any changes during the school year. **Enrollment forms must be returned no later than July 1st.**

STUDENT INFORMATION:

Student Name: _____ **Birthdate:** _____
Nickname: _____ **Hebrew name:** _____ **Parents Hebrew Name** _____
Grade (2023/24): _____ **Mailing Address:** _____
City: _____ **State:** _____ **Zip:** _____ **Phone: ()** _____
Public/Private school attending: _____ **Student cell phone:** _____
Student's Email Address: _____
Student lives with **Mother** **Father** **Both** **Other** _____
Is there a stepparent involved in the student's life? Name _____
Does the student have siblings (Name and birthdate)? 1. _____ 2. _____ 3. _____
How long has the family belonged to Congregation Adas Emuno? _____

Religious School information is sent by email. Please provide an email address for communications from the Religious School.

-Please let us know if you require communications through postal mail.-

Parent/Guardian 1 Name _____ **Occupation** _____ **daytime/work** _____
Address if different from student _____
Cell phone number _____ **Email** _____
Parent/Guardian 2 Name _____ **Occupation** _____ **daytime/work** _____
Address if different from student _____
Cell phone number _____ **Email** _____
Does the student's family include other religious traditions about which it would be helpful for us to know? (Please describe)

STUDENT BACKGROUND:

Has the student attended other Religious Schools? (School/city/grades): _____
How does the student learn best? _____

What does the student enjoy most about Religious School? _____

Is there anything else about this student that would be helpful for us to know? _____

DISMISSAL INFORMATION:

Please list all of the people (in addition to parents/guardians) who are allowed to pick up your child from school (full name and relationship).

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Check here to indicate that your child has permission to walk home. _____

Name	Phone Number	Relationship to Student

HEALTH AND OTHER INFORMATION:

Please check the items that apply to student and explain below (Please provide an IEP or 504 Plan if applicable)
PLEASE FILL THIS OUT EVEN IF YOU HAVE DONE SO IN PRIOR YEARS.

- ADD/ADHD
 Allergies/Asthma
 Emotional disability
 Fine motor difficulties
 Food Allergies
 Frequent headaches
 Gross motor difficulties
 Impaired hearing
 Impaired vision
 Learning disability
 Past serious illness or injury (dates)
 Regular medication
 IEP/504, please attach
 Other
If any of the above are checked, please explain: _____

TRIP, MEDICAL AND EMERGENCY AUTHORIZATIONS:

If your student becomes injured or ill at Religious School or while participating in a related program, whether at or away from Congregation Adas Emuno, every reasonable effort will be made to contact you or another specified adult. The following instructions will remain in force unless revoked in writing by you. If you do not want to give any one of these instructions, you must cross through it entirely in ink and write your initials next to the line.

1. I authorize Congregation Adas Emuno to give my student first aid.
2. In case of a medical emergency, I authorize Adas Emuno to arrange for an ambulance and emergency medical treatment for my student. I understand that I will be contacted as soon as possible.
3. In case of a medical emergency, I authorize Adas Emuno to contact and obtain relevant information from my student's physician and dentist.

	Phone Number
Physician's Name:	
Dentist's Name:	
Medical Insurance Carrier & Policy Number:	

If I cannot be reached in case of a serious injury or illness, please contact: (this is an emergency contact and should NOT be a parent)

Name	Phone Number	Home/Cell	Relationship to Student

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RELEASE AND SIGNATURE:

I have read and agree to the Trip, Medical, and Emergency Authorizations (except as modified by me) above. I agree to release Congregation Adas Emuno, its lay leaders, and staff from any claim or loss arising out of my student's participation in Religious School. I have authority to sign this Form on behalf of my family.

Print Name: _____ Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Date Received _____

Fee Received _____

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Photo & Name Releases: 2023-2024

Please read and circle your preference regarding **both** Photo Permission and Use of Name Permission, then sign below.

1. I hereby **DO** / **DO NOT** (Circle one)

give Congregation Adas Emuno, the absolute right and permission to use my and my children's photograph(s) **WITHOUT IDENTIFICATION BY NAME** in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the Congregation, its officers and members of the board of trustees, the photographer, employees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I am 21 years of age and am competent to contract in my own name and in the name of my children. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

NAMES WILL NOT BE USED/CHILDREN WILL NOT BE IDENTIFIED BY NAME

=====

2. I **DO** / **DO NOT** (Circle one)

give permission to publish my and or my children's **FIRST AND LAST NAMES WITH and WITHOUT PHOTOS** i in its promotional materials and publicity efforts as detailed above.

Print Name _____ Signature _____

Print Name/s of Children _____

Date: _____

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TUITION AND FEES SCHEDULE for 2023-2024

To the Parents/Guardians: Below are listed the Religious School tuition and fees set by the Board of Trustees for 2023-2024..

Families must be members of the congregation in good standing when their children enter Grades 2–10. Full tuition payment is required BEFORE the first day of school, including any outstanding balances from the previous year. If an exception is needed, parents/guardians MUST CONTACT financial secretary Mark Rosenberg at 201-592-1712 before the first day of school.

Please complete one Tuition and Fees form per family. Write each child's name in the appropriate row under "Student's Name." Then enter your family subtotal, any eligible deductions, and calculate the family total amount due. Attach your check for the total amount due, payable to "Congregation Adas Emuno" or complete the credit card authorization form and mail to the Religious School with the Registration forms (address above). ***First year students are tuition free***

STUDENT'S NAME and GRADE	GRADE	TUITION	Books, Supplies & Snacks	TOTAL
	Kindergarten (age 5 by Nov. 30)	\$0	\$0	\$0
	Grade 1	Members: \$560 Nonmembers: \$760	\$65	Members: \$625 Nonmembers: \$825
	Grade 2-7	\$590	\$70	\$660
	B'nei Mitzvah Fee – Must be paid before receiving student's b-mitzvah date*	\$1,250		
	Confirmation (Grades 8–10)	\$360	\$0	
FAMILY SUBTOTAL				\$
LESS DEPOSIT (Registration Fee)				(\$)
MEMBERS ONLY may deduct \$50 for each additional child after the first one enrolled.				(\$)
FAMILY TOTAL AMOUNT DUE				\$

*If your child has already received their bar/bat mitzvah date, the B'nei Mitzvah fee MUST be paid before the start of the Religious School year.

Check one: Member Non-member

Parents'/Guardians' Names: _____

Address: _____

Phone: _____ Email: _____

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CREDIT CARD PAYMENT FORM

2023-2024 SCHOOL YEAR

Amount of Charge: _____

Name as it appears on the card:

Street Address:

City, State, Zip:

Phone: _____

Circle one: Mastercard Visa

Account #:

Expiration Date:

Verification #:

Signature: _____ **Date:**

See back of card for three digit number