

West End Synagogue
JFLL Hebrew School
EARLY DROP-OFF ENROLLMENT
2018-2019

Child's Name _____
Child's Name _____
Child's Name _____

Please print

A FULL YEAR COMMITMENT is \$200. Any child that arrives before 3:50 PM and has not enrolled in a full year of early drop off, will be billed for \$10 per day, per child. There are 30 days in the Hebrew School calendar.

Please check one of the following payment options:

(Please note: Checks are preferred. WES must pay a fee for credit card use.)

Payment Option A: I am enclosing either a check or credit card information to pay the **entire year now.**

_____ Check(s) enclosed. Amount \$200.00

_____ Use credit card for payments. _____ Master Card _____ Visa _____ American Express

Card # _____ Expiration Date _____

\$ Amount \$200.00 Signature _____

Payment Option B: I am enclosing four checks or credit card information to pay four \$50 installments with three post dated checks or credit card information, for the balance, dated November 1 and Dec 1, Jan 1, and Feb 1. Credit cards will be charged on the same dates. .

_____ 4 Checks enclosed for \$50 each.

_____ Use credit card for payments. _____ Master Card _____ Visa _____ American Express

Card # _____ Expiration Date _____

\$ Amount \$50.00 Signature _____

Charge now/first check: \$50.00

2nd payment \$50.00 dated Nov. 1, 2018

3rd payment \$50.00 dated Dec. 1, 2018

4th payment \$50.00 dated Jan. 1, 2019

West End Synagogue
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Student's Name

Parent's Name & Cell Phone #

Medical and Emergency Information

2018-2019

Child's Doctor _____ phone # _____

Doctor's Hospital Association _____

Name of Insurance Company _____

Name of Policyholder _____

Policy # _____ Group # _____

Medications Child Takes Regularly _____

Medication schedule _____

Are there any medical issues that may affect your child during school, such as allergies to food, vision, or hearing concerns? _____

Would you like a call from the Education Director to discuss ways in which your child can flourish? _____

Emergency Medical Consent

I hereby authorize the WES Hebrew School to obtain medical care for my child, in a medical emergency. I understand that in the final disposition of an emergency case, the judgement of the school authorities will prevail. I agree to assume financial responsibility for all bills incurred in any emergency requiring medical attention.

Signature of Parent or Guardian _____

Date Signed _____

Student's Name _____

JFLL Field Trip Information

I hereby give permission to my child _____

to attend trips out of school. I understand that I will be notified in advance of scheduled _____ trips that involve transportation (other than neighborhood walking trips).

Signature of Parent or guardian _____

Date signed _____

In the event I or any of my designees cannot be reached in an emergency (when my child is off school grounds), I hereby give permission to the physician selected by West End Synagogue Hebrew School or their agents to provide emergency medical care for my child. I agree to indemnify and save harmless the School from any and all liability arising out of an accident as a result of school excursions, except if such accident is caused by negligence of the school or school's employees.

Signature of Parent or guardian _____

Date signed _____

Attendance Policy

Students must make every effort to attend school. Excessive absences cause the student to fall behind in classwork and limit his/her involvement, participation and satisfaction in our synagogue and school community.

The family of a student who is absent often will be called into conference with the Education Director. If the situation persists, the student will be asked to leave, either immediately or at the end of the school year. The decision regarding continued participation is the Education Director's. Illness or other serious mitigating circumstances will be taken into consideration before a decision is made.

Pick-Up and Emergency Contact

_____ will be picking up my child(ren) from Hebrew School

_____ I allow my child to walk home alone

Emergency Contact (other than parents): Name _____

Phone

_____ Relationship _____

Student's Name _____

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2018 — 2019 Family Information

Parent #1

Name _____

Address _____

Work Address _____

Home # _____ Work # _____

Cell# _____ E-mail _____

Parent #2

Name _____

Address _____

Work Address _____

Home # _____ Work # _____

Cell# _____ E-mail _____

Siblings _____ Ages _____

Parent or Guardian Signature _____

Date signed _____

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2018-2019 Volunteer Form

During the past year, our Hebrew School sponsored many different activities and events. In order to continue to grow and to provide additional quality educational programming, and foster community, we need your help. Please choose at least one area or activity where you can volunteer your assistance. Thank you!

Parent(s) Name: _____

Phone # _____ Email _____

Child(ren) Name(s): _____

I am interested in helping by:

- _____ becoming a 'class parent'
- _____ joining the Hebrew School Committee
- _____ helping in the office
- _____ liaison to the Social Action Committee
- _____ recruitment and outreach
- _____ designing posters occasionally (graphic design skills)
- _____ educational programs for parents
- _____ Parent party planning
- _____ field trip chaperone
- _____ other _____

Do you have any special skills or talents that you could share with us?

Please explain
