

GREENBURGH HEBREW CENTER RELIGIOUS SCHOOL
515 BROADWAY - DOBBS FERRY, NEW YORK 10522
(914) 693-5121
2009 – 2010

Student's Name: _____
Last First Hebrew

Address: _____ Zip _____

Date of Birth: _____ Sex M/F: _____ Home Phone: _____ Grade in 9/08: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone #: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____ Cell Phone #: _____

Parent's E-Mail Address: _____

Family Synagogue Affiliation: GHC None Other: _____

List all other children:

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

Name: _____ M/F _____ Date of Birth _____ P.S. Grade _____

No. enrolled in GHC Religious School: _____

SCHOOL TUITION ENCLOSED: \$ _____

TOTAL FEES ENCLOSED: \$ _____
(Due with 1st Payment)

TOTAL AMOUNT ENCLOSED: \$ _____

PARENT'S SIGNATURE: _____ DATE: _____

				()	<u>MEMBER</u>	()	<u>NON-MEMBER</u>	
				<u>1st Payment</u>	<u>2nd Payment</u>	<u>1st Payment</u>	<u>2nd Payment</u>	
				<u>before 9/1/09</u>	<u>before 12/1/09</u>	<u>before 9/1/09</u>	<u>before 12/1/09</u>	
Gan	(Kindertgarten):	1 day-a-week (No Sibling Discount)	\$360.00	\$180.00	\$180.00	\$ 360.00	\$180.00	\$180.00
Aleph	(1 st Grade)	: 1 day-a-week (1 st child)	\$360.00	\$180.00	\$180.00	\$360.00	\$180.00	\$180.00
Bet	(2 nd Grade)	: 2 day-a-week (1 st child)	\$960.00	\$480.00	\$480.00	\$960.00	\$480.00	\$480.00
Bet	(2 nd Grade)	: 2 day-a-week - Sibling Discount	\$885.00	\$442.50	\$442.50	\$885.00	\$442.50	\$442.50
Gimmel	(3 rd Grade)	: 2 day-a-week (1 st child)	\$1,060.00	\$530.00	\$530.00	\$4,150.00	\$2,075.00	\$2,075.00
Gimmel	(3 rd Grade)	: 2 day-a-week – Sibling Discount	\$ 960.00	\$480.00	\$480.00	\$4,000.00	\$2,000.00	\$2,000.00
Dalet	(4 th Grade)	: 2 day-a-week (1 st child)	\$1,150.00	\$575.00	\$575.00	\$4,250.00	\$2,125.00	\$2,125.00
Dalet	(4 th Grade)	: 2 day-a-week – Sibling Discount	\$1,050.00	\$525.00	\$525.00	\$4,150.00	\$2,075.00	\$2,075.00
Hay	(5 th Grade)	: 2 day-a-week (1 st child)	\$1,150.00	\$575.00	\$575.00	\$4,250.00	\$2,125.00	\$2,125.00
Hay	(5 th Grade)	: 2 day-a-week – Sibling Discount	\$1,050.00	\$525.00	\$525.00	\$4,150.00	\$2,075.00	\$2,075.00
Vav	(6 th Grade)	: 2 day-a-week (1 st child)	\$1,150.00	\$575.00	\$575.00	\$4,250.00	\$2,125.00	\$2,125.00
Vav	(6 th Grade)	: 2 day-a-week – Sibling Discount	\$1,050.00	\$525.00	\$525.00	\$4,150.00	\$2,075.00	\$2,075.00
Zayin	(7 th Grade)	: 2 day-a-week (1 st child)	\$1,150.00	\$575.00	\$575.00	\$4,250.00	\$2,125.00	\$2,125.00
Zayin	(7 th Grade)	: 2 day-a-week – Sibling Discount	\$1,050.00	\$525.00	\$525.00	\$4,150.00	\$2,075.00	\$2,075.00
8th – 11th Grade	:	1 day-a-week (1 st child)	\$ 720.00	\$360.00	\$360.00	\$ 720.00	\$ 360.00	\$ 360.00
8th – 11th Grade	:	1 day-a-week – Sibling Discount	\$ 620.00	\$310.00	\$310.00	\$ 620.00	\$ 310.00	\$ 310.00

PER STUDENT FEES:

	<u>GAN & ALEPH</u>	<u>BET & DALET</u>	<u>GIMMEL</u>	<u>HAY</u>	<u>VAV</u>	<u>ZAYIN</u>	<u>8th -11th GRADE</u>
TEXTBOOK FEE:	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	
WORKSHOP FEE:	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	-
SNACK FEE:		\$20.00	\$20.00	\$20.00	\$20.00	\$120.00	\$120.00
GIMMEL – SIDTUR			\$30.00	-	-		
HAY – ETZ CHAYIM (Chumash)				\$60.00	-		
VAV – TANACH					\$30.00		
TOTAL FEES:	\$75.00	\$95.00	\$125.00	\$155.00	\$125.00	\$195.00	\$120.00
(Due with 1st Payment)							

PART I: EMERGENCY INFORMATION

CHILD'S NAME _____

PEDIATRICIAN'S NAME _____ PHONE _____

NOTE ANY PERTINENT HEALTH INFORMATION _____

IF PARENTS ARE NOT AVAILABLE, WHOM SHOULD WE CALL IN CASE OF EMERGENCY:

NAME _____ PHONE _____

NAME _____ PHONE _____

IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD? _____

PART II: SCHOOL EXPERIENCE

A. Does your child have any special learning needs? Please describe so that we may provide him/her with the best possible learning environment.

B. Previous Religious School Training, if any.

PART III: AUTHORIZATION-CONSENT-RELEASE

I am the parent and/or guardian of _____ I hereby authorize the Greenburgh Hebrew Center, its Religious School, employees and staff, to take any and all such steps as in their judgment appear required to obtain medical care and treatment for my such child.

I also hereby grant permission for my said child to go on any trip sponsored and/or supervised by the Greenburgh Hebrew Center and/or its Religious School.

The Greenburgh Hebrew Center, its Religious School, employees and staff, are hereby released from all liability and claims as to any acts on their part taken or performed by them by virtue of the consent and authorization I hereby grant.

Parent and/or Guardian _____ Date _____