****

**Or Hadash**

**Religious School Registration 5784**



**Student Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New to School?** | **Student’s Name(s)** | **Age** | **Pronouns** | **Birthdate**  | **Grade** **(Fall 2023)** |

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Child 1 First & Last Name**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Child 2 First & Last Name**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Child 3 First & Last Name**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Child 4 First & Last Name**

**Additional Student Information**

|  |  |
| --- | --- |
| **Hebrew Names****Optional** | **Is there additional Information you would like us to** **know about your child/children?** **(Learning needs, medical information, or )** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 1**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 2**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 3**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 4**

**Allergy/Medical Information**

**If your child/ren has/have allergies that school should be informed about, please list them below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ ❑**

**Child 1 List of Allergies EPIPEN? Allergy Action Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ ❑**

**Child 2 List of Allergies EPIPEN? Allergy Action Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ ❑**

**Child 3 List of Allergies EPIPEN? Allergy Action Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ ❑**

**Child 4 List of Allergies EPIPEN? Allergy Action Plan**

**Student Address**

**If your child/children have multiple addresses, please include them below with that parent/guardian’s name.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult’s Name of Address, Street Address, City, State, Zip**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult’s Name of Address, Street Address, City, State, Zip**

**Parent/Guardian Contact Information**

**Your contact information will be used to send school information, progress reports, and reminders.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 1 (Name, Phone Number, Email, Relationship)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 (Name, Phone Number, Email, Relationship)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 (Name, Phone Number, Email, Relationship)**

**Emergency Contacts**

**If we can not reach the parents/guardians listed, who should we contact?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Emergency Contact 1 (Name, Phone Number, Relationship)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Emergency Contact 2 (Name, Phone Number, Relationship)**

**Photography/Video/Website/Social Media Release - Opt Out**

* I hereby **do not** give my permission and consent to Or Hadash to use photography and/or video of my child/children along with their creative art and written work produced while at Or Hadash, in any publications, promotional materials, or other media outlets including internet websites. This permission and consent does not apply to the use of my child’s name or any other identifying feature (other than image).

**Class Registration**

**What classes are you registering your child/children for?**

| **Child’s Name** | **Register** | **Grade** | **Class Name** | **Tuition Cost** | **School Supply Cost** |
| --- | --- | --- | --- | --- | --- |
|  |  | **PreK & K** | **Pre-Gan**  | **(1st year of Gan= free)** | **$100.00** |
|  |  | **K** | **Gan** | **(1st year of Gan= free) OR $804.00** |
|  |  | **1st** | **Aleph** | **$804.00** |
|  |  | **2nd** | **Bet** | **$1,124.00** |
|  |  | **3rd** | **Gimel** | **$1,124.00** |
|  |  | **4th** | **Dalet** | **$1,124.00** |
|  |  | **5th** | **Hey** | **$1,124.00** |
|  |  | **6th** | **Vav** | **$1,744.00** |
|  |  | **7th** | **Prosdor (year 1)** | **$1,744.00** |
|  |  | **8th** | **Prosdor (year 2)** | **$749.00** |
|  |  | **9th- 12th** | **Hazak** | **$749.00** |

**Please have one parent or guardian sign and date the school registration form before handing in to the office.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/ Guardian Signature Date**