



**SMILE - The New Or Hadash Religious School**  
Sunday Mornings Include Learning for Everyone  
 Barbara Weisman, Education Director  
 Or Hadash: A Reconstructionist Congregation  
 190 Camp Hill Road • Fort Washington, PA 19034  
 215/ 283-0276 phone • 215/283-4822 fax

**2017-2018/5778 SCHOOL  
 REGISTRATION FORM**

Enter your students' names next to the grades they will be attending. Classes will be held on Sundays only in the time slots noted below. Please complete and submit the Student Information, Photo Release and Dismissal Authorization forms with your registration form. Kindly submit the forms as one sided documents only please. Todah rabah!

Please submit this form by **July 1, 2017**, along with your membership renewal forms and payments.

Grade	<b>Enter Students' Names Below</b>	Sunday 1 <sup>st</sup> shift	Sunday 1 <sup>st</sup> shift	Sunday 2 <sup>nd</sup> shift	
		9:00- 11:15	9:00- 12:30	11:15- 1:00	
*NEW Gan student					*\$50 materials fee
Gan (K & 1 <sup>st</sup> )					\$600
2 <sup>nd</sup> grade					\$800
3 <sup>rd</sup> grade					\$1,050
4 <sup>th</sup> grade					\$1,050
5 <sup>th</sup> grade					\$1,050
6 <sup>th</sup> grade					\$1,630**/**
7 <sup>th</sup> grade					\$1,630**/**
8 <sup>th</sup> grade					\$700***
9 <sup>th</sup> grade					\$700***
10 <sup>th</sup> grade					\$700***

**I/We agree that I/we will be a member/members in good standing according to the by-laws of Or Hadash.**

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* There is no charge for the **first year** to attend Gan (kindergarten or first grader) except for a \$50 materials fee.

\*\*The Bar/Bat Mitzvah fee is included in the tuition for 6<sup>th</sup> (\$580) and 7<sup>th</sup> (\$930) grades.

\*\*\*Any weekend retreats including a 10<sup>th</sup> grade trip will be at an additional cost. TBD

\*\*\*\*All Madrichim must submit relevant clearances, the Madrichim application and Madrichim brit prior to the first day of classes.

## Or Hadash **SMILE** Inclusion Statement

Or Hadash Religious School strives to be a dynamic and innovative community that is welcoming and inclusive of all individuals.

Or Hadash reflects the diversity of the American Jewish community in keeping with the Reconstructionist ideology. We welcome everyone into our community, including: people of all racial and ethnic backgrounds, interfaith families, lesbian, gay, bisexual, transgender, queer, and questioning people and their families.

We make every effort to actively include students with physical, sensory, cognitive and/or emotional challenges in all aspects of Jewish education and congregational life. We strive to include and educate the whole student as well as their families.

"Rabbi Eliezer says: Let other people's dignity be as precious as your own." Pirkei Avot 2:15

"Every member of the people of Israel is obligated to study Torah- whether one is rich or poor, physically able or with physical disability." Maimonides, Mishne Torah, Hilchot Talmud Torah, Ch. 10

## Or Hadash **SMILE** Student Information and Photo Release 2017-2018/5778

(This is a 2-sided form. Please fill out both sides and return as single sided documents with registration.)  
A separate form must be completed for each child enrolled in school.

Child's English name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_

If your child does not have a Hebrew name, please speak with the Education Director

Name of secular school and grade, fall 2017: \_\_\_\_\_

Child's age and birthdate: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Address: \_\_\_\_\_

(If applicable, non-custodial parent's address: \_\_\_\_\_)

\*Primary Phone Number: \_\_\_\_\_ Phone number where you regularly check messages.

Email Address: Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

Dentist's name and phone number: \_\_\_\_\_

Emergency contacts (in case you cannot be reached at primary phone)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have any allergies? (food, bee sting, medication, etc.)

If yes, please list: \_\_\_\_\_

Epi-Pen: Yes \_\_\_ No \_\_\_ Where will this be kept at Or Hadash? \_\_\_\_\_

Do we have permission to administer Tylenol if your child is not feeling well? Yes \_\_\_ No \_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

Is your child receiving special education services in public or private school? Yes \_\_\_ No \_\_\_

If yes, please indicate the type of services/accommodations he/she is receiving so that we may serve him/her more effectively. Please know that we ask for this information in order to serve your child to the best of our ability. All personal information is held in strict confidence. We appreciate receiving IEP information. You may use the back of this sheet for additional information. Todah rabah for your open communication.

\_\_\_\_\_

\_\_\_\_\_

Previous religious school/ Hebrew school experience: \_\_\_\_\_

\_\_\_\_\_

Is there other information about your child or family that you think is pertinent?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### IMPORTANT NEW LAW THAT TOOK EFFECT IN 2015 -

Any person over the age of 18 who works or volunteers in the school is required to present certain clearances required by law known as background checks. Please contact the Education Director for further information and to comply with this.

Please know that Or Hadash offers an open invitation to contact the education director with any concerns, thoughts or feedback regarding your child's Jewish education. You may reach the education director at [school@orhadash.com](mailto:school@orhadash.com) or 215-283-0276.

### **PHOTOGRAPHY/VIDEO/WEBSITE/SOCIAL MEDIA RELEASE 2017-2018/5778**

I hereby give my permission and consent to Or Hadash to use photography and/or video of my child, \_\_\_\_\_, along with his/her 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).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## DISMISSAL AUTHORIZATION FORM 2017-2018/5778

Student Name(s):

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For your child(ren)'s safety and well-being, we ask that you specify below person(s) who are authorized to pick up your child(ren) up from Or Hadash Religious School.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Please list here any other child(ren) in your carpool, if applicable:

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If you wish to add or remove a person from this list of authorized persons, you must notify the Education Director **ONLY** in advance and in writing. Thank you for your partnership in safeguarding our students.

Signature of person and relationship to child completing this form:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

Relationship: \_\_\_\_\_