



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

2016-2017/5777 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 submit this form by **July 1, 2016**, along with your membership renewal forms and payment. Please complete and submit the Student Information (2 sided) , Photo Release and Dismissal Authorization forms with your registration form. Todah rabah!

Grade	<u>Enter Students' Names Below</u>	Sunday 1 st shift 9:00- 11:15	Sunday 1 st shift 9:00- 12:30	Sunday 2 nd shift 11:15- 1:00	
NEW Gan student					\$0
Gan (PK, K, 1 st)					\$400
2 nd grade					\$600
3 rd grade					\$1,050
4 th grade					\$1,050
5 th grade					\$1,050
6 th grade					\$1,575**/** *
7 th grade					\$1,520** /***
8 th grade					\$700***
9 th grade					\$700***
10 th 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 (preschool, kindergarten or first grader)

**The Bar/Bat Mitzvah fee is included in the tuition for 6th and 7th grades.

*** Any weekend retreats and the 10th grade Panim trip to Washington, D.C. will be an additional cost.

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 2016-2017/5777

(This is a 2-sided form. Please fill out both sides and return 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 2016: _____

Child's 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 or 215-283-0276.

PHOTOGRAPHY/VIDEO/WEBSITE/SOCIAL MEDIA RELEASE 2016-2017/5777

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 2016-2017/5777

Student Name(s):

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:

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: _____