

SULAM-LI

The Religious School For Jewish Children With Special Needs
c/o Friedberg JCC, 15 Neil Court, Oceanside NY 11572
(516) 474-1500

Registration Form

Annual Tuition/Fees:

Tuition: \$550 Materials Fee: \$36 Security: \$200

Date: _____

Child's Name _____ Date of Birth _____

Address _____
(street address) (town) (zip)

Hebrew Name _____ Current grade _____

Parent's Name/s _____

Parent's Address/es if different from child's _____

Home Phone: _____ Cell _____ E-Mail Address _____

Family Synagogue Affiliation (if applicable) _____

Bar/Bat Mitzvah Date (if applicable) _____

If you do *not* have a current synagogue affiliation, are you interested in getting more information on any of our participating synagogues? (Yes)____ (No)____

TRANSPORTATION

Individual _____ Car Pool _____ With _____

EDUCATIONAL INFORMATION Please describe your child's educational classification if any.

Please describe your child's current educational placement and indicate current school . (Please indicate if it is public, private, self-contained class, etc.)

What (if any) is your child's previous religious school experience? _____

Please describe your child's interests. _____

What do you see as your child's strengths or weaknesses?

Does your child have an IEP or a 504? _____

If you can, we would appreciate a copy of the IEP or any other pertinent educational material. It will be kept confidential, but it may assist us in structuring your child's program.

If there is anything else about your child's educational needs that you feel would be helpful to us, please indicate that information on the back of this form, or on a separate sheet.

MEDICAL INFORMATION

Please list any chronic medical conditions _____

Allergies: Yes _____ No _____ If so, please state: _____

Does your child have any food allergies? _____

Medications _____ Are there any side effects? _____

Pediatrician _____ Phone # _____

Is there anything else that we should know about your child’s physical condition or needs? (Indicate below or on back)

PERMISSION:

I give permission for Sulam to seek medical treatment for my child _____ in the event I cannot be contacted immediately.

Parent’s signature _____

I assume full responsibility for my child en-route to and from the Sulam.

Parent’s signature _____

I give Sulam permission to photograph my child for teaching, advertising purposes and other promotional purposes.

Parent’s signature _____

EMERGENCY CONTACT INFORMATION

In the event that we cannot contact you for any reason, please give us contact information for anyone who could be called upon in the event of an emergency.

- | | <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|----|-------------|----------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

If there is anyone else that you would like on our mailing list, please give us their contact information below.
