



STEPHEN WISE FREE SYNAGOGUE RELIGIOUS SCHOOL

30 West 68th Street, New York, NY 10023 Phone: 212-877-4050 ext 230 Fax: 212-787-7108
E-mail: religiousschool@swfs.org Website: www.swfs.org

**PLEASE
ATTACH
A PHOTO
FOR EACH
REGISTERED
STUDENT**

STUDENT REGISTRATION FORM 2011-2012

Please fill in the registration form as accurately and clearly as possible and return to Religious School Office.

FAMILY INFORMATION

Parent/Guardian 1: Name: _____

Address: _____ Zip code: _____

Phone numbers: Home _____ Work _____ Cell _____

E-mail address: _____ Is e-mail frequently checked?: Yes No

Religious Tradition in which I was raised: Jewish Non-Jewish Current Affiliation: _____

Parent/Guardian 2: Name: _____

Address: same as above different: _____

Phone numbers: Home _____ Work _____ Cell _____

E-mail address: _____ Is e-mail frequently checked?: Yes No

Religious Tradition in which I was raised: Jewish Non-Jewish Current Affiliation: _____

Do you wish all mailings and emails regarding the child(ren) go to both parties? Yes No

When did you become members of the SWFS community? _____

STUDENT INFORMATION

STUDENT 1: Full Name: _____

Hebrew Name: _____

Name of Secular School: _____

Grade: _____

Birth date: ____/____/____ Male Female

Student's e-mail: _____

Religious School Grade and Program: _____ SUNDAY

WEEKDAY

STUDENT 2: Full Name: _____

Hebrew Name: _____

Name of Secular School: _____

Grade: _____

Birth date: ____/____/____ Male Female

Student's e-mail: _____

Religious School Grade and Program: _____ SUNDAY

WEEKDAY

RELIGIOUS SCHOOL PROGRAM AND TIMES

We offer a Sunday and Weekday Option for our Kindergarten through Seventh Grade students:

GRADE	PROGRAM DAY & TIMES	
Shabbat Together: Kesher	Saturday 10 am – 12 pm	
Kindergarten	Sunday 9:30am-11am	Tuesday 3:45-5:15pm
First & Second Grade	Sunday 9:30-11:30am	Tuesday 3:45-5:45pm
Third, Fourth, Fifth & Sixth Grade	Sunday 9:30am – 1pm	Monday/Wednesday 4-6pm
Seventh Grade	Sunday 10:30am-1pm	Tuesday 4:30pm-7pm
Eighth-Twelfth Grade (ZARKOR)	Tuesday once a month Only 5pm-7pm	
Kulanu	Sunday Only 10am-11:30am	

Date Received: _____

GENERAL LEARNING PROFILE

Please note that confidentiality will be respected at all times.

Does your child(ren) have any special learning needs: [] YES [] NO

If yes, explain: _____

We try to create the most successful educational experience for our students. If you feel your child has a special learning or social need, please provide information below, or make an appointment with our Director of Education.

REQUEST FOR PLACEMENT WITH FRIENDS

We try, but **do not guarantee** that your child will be placed with his/her friends. Making new friends is an important goal of our school. After consulting your child, please indicate one or two names of friends he/she wishes to be placed with in class.

CHILD'S NAME	GRADE/PROGRAM	REQUEST #1	REQUEST #2

ADDITIONAL COMMENTS

Please provide any additional information regarding your child's/family's educational needs.

If your child is connected to a certain teacher or if your child experienced any difficulties in years passed – all information will only help us try to make this upcoming year successful and positive.

IN CASE OF AN EMERGENCY

We try hard to create a safe and welcoming environment. With that being said, we still must gather any necessary information in case of an emergency. If an emergency occurs on the premises of SWFS, our staff is certified with First Aid/CPR and students will be cared for in the appropriate manner.

CHILD'S NAME	ALLERGY/SPECIAL MEDICAL CONDITION	MEDICATION

If you are unable to be reached, please list WHO WE CAN CONTACT:

CONTACT PERSON	PHONE	RELATIONSHIP

Date Received: _____

DOCTOR NAME	DOCTOR PHONE	HOSPITAL AFFILIATION

In the event of any emergency and I cannot be reached, I hereby give permission for my child to be treated by the physician/hospital selected by the staff member in charge.

_____ (signature)

RELEASE AUTHORIZATION

Please complete the following:

CHILD'S NAME	ALLOW TO WALK HOME ALONE	DO NOT ALLOW TO WALK HOME ALONE

The following people have permission to pick up my child from school:

FULL NAME	PHONE	RELATIONSHIP

***Kindergarten – Fourth Grade Students MUSY BE PICKED UP by an authorized adult!**

WALKING PROGRAM

If you are signing up for our WEEKDAY PROGRAM and would like to be a part of our WALKING SERVICE from PS 199, Ethical Culture Fieldstone School and/or PS 87, please complete the following. A representative from the Religious School Office will get in touch with you with more details in September as the school year nears.

CHILD'S NAME	SCHOOL ATTENDING	DAY(S) NEEDED

**The Walking Program is an additional \$300/day that will be billed to your account.*

COMMUNITY INVOLVEMENT

The Religious School puts together a Family Directory which includes contact information for all SWFS Religious School Families. You may elect to withhold this information by checking the box and signing below:

Please REMOVE my information from the Directory Please SHARE my information

Throughout the school year, there will a variety of times during our program or events that students will be photographed (individual or group shots) to be used for our weekly parents' newsletter, website, and/or promotional material. SWFS, the SWFS Religious School and all other divisions, departments and offices reserve the right to use photographs of Religious School students in its publicity and any other promotional materials, at our discretion. We will not identify any child by name without the express permission of a parent or guardian.

Please sign here to indicate that all of the above information is accurate and complete.

Print Name: _____ Signature: _____ Date: _____

Date Received: _____