



Manetto Hill

JEWISH CENTER

RABBI NEIL SCHUMAN
Spiritual Leader

SUSAN MARTIN
Education Director

RELIGIOUS SCHOOL REGISTRATION

2025-2026 / 5785-5786

PLEASE PRINT

Parent 1 (Last): _____ (First): _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: _____ E- Mail: _____

Parent 2 (Last): _____ (First): _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: _____ E- Mail: _____

Child(ren) reside(s) with: ☐ Both parents ☐ Parent 1 ☐ Parent 2

Send mail to: ☐ Both parents ☐ Parent 1 ☐ Parent 2

Student's Name (1): _____ DOB: _____

First Middle Last & Hebrew Name

Secular School: _____ Secular Grade as of Sept. 2025 _____

Allergies/Medications: Please fill out the Allergy/Medication Information section below as this must be filled out and handed in before your child starts Religious School or they will not be permitted to start.

☐ No Allergies/Medications ☐ Allergies: ☐ Non-Life Threatening ☐ Life-Threatening ☐ Use EPI Pen

Type: ☐ Food ☐ Insect ☐ Latex ☐ Medication ☐ Seasonal/Environmental ☐ Other:

Allergen(s): _____

(Please be specific for all boxes checked)

Medication(s): _____

Is there anything about your child that you would like us to know in order for them to have a more positive Religious School experience? _____

Last Religious School Grade Attended: _____ Where: _____

Student's Name (2): _____ DOB: _____

First Middle Last & Hebrew Name

Secular School: _____ Secular Grade as of Sept. 2025 _____

Allergies/Medications: Please fill out the Allergy/Medication Information section below as this must be filled out and handed in before your child starts Religious School or they will not be permitted to start. Continue Student (2) information on next page

Student's Name (2): _____ **Continued**

☐ No Allergies/Medications ☐ Allergies: ☐ Non-Life Threatening ☐ Life-Threatening ☐ Use EPI Pen

Type: ☐ Food ☐ Insect ☐ Latex ☐ Medication ☐ Seasonal/Environmental ☐ Other:

Allergen(s): _____
(Please be specific for all boxes checked)

Medication(s): _____

Is there anything about your child that you would like us to know in order for them to have a more positive Religious School experience? _____

Last Religious School Grade Attended: _____ Where: _____

Student's Name (3): _____ **DOB:** _____

First Middle Last & Hebrew Name

Secular School: _____ Secular Grade as of Sept. 2025 _____

Allergies/Medications: *Please fill out the Allergy/Medication Information section below as this must be filled out and handed in before your child starts Religious School or they will not be permitted to start.*

☐ No Allergies/Medications ☐ Allergies: ☐ Non-Life Threatening ☐ Life-Threatening ☐ Use EPI Pen

Type: ☐ Food ☐ Insect ☐ Latex ☐ Medication ☐ Seasonal/Environmental ☐ Other:

Allergen(s): _____
(Please be specific for all boxes checked)

Medication(s): _____

Is there anything about your child that you would like us to know in order for them to have a more positive Religious School experience? _____

Last Religious School Grade Attended: _____ Where: _____

Medical Information:

Physician: _____ Phone: (_____) _____

Dentist: _____ Phone: (_____) _____

Hospital Choice: ☐ Nearest ☐ Other _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Manetto Hill Jewish Center or its agent to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child(ren) as named in this registration form.

EMERGENCY CONTACTS: If Parent(s)/Guardian(s) are not available in an emergency please contact:

Name: _____

Relationship: _____ Phone: (_____) _____

Name: _____

Relationship: _____ Phone: (_____) _____

PARENTAL CONSENT – I have read and agree to the following terms:

- I give my child permission to attend Religious School at Manetto Hill Jewish Center. I hereby release and hold harmless Manetto Hill Jewish Center, and their respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Manetto Hill Jewish Center Religious School and participation in any of its programs and activities, and/or use of its facilities.
- I understand that students must remain on Synagogue grounds from the time they arrive through their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child to leave the grounds to participate in educational programs, under the supervision of the Religious School staff.
- Manetto Hill Jewish Center has my permission to photograph and videotape my child in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, newsletter, web website and other publications to the community unless otherwise notified in writing by the parent/guardian.
- I understand that the addresses, phone numbers and email information of students may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parents.
- The costs of all medical care and associated services are the financial responsibility of the student's legal guardian.
- Once enrolled and the school year has started, I understand that the synagogue is unable to adjust or refund any tuition or fees.

Parent's Signature: _____ Date ____/____/____

Please return this form along with payment to the Synagogue Office for Religious School Tuition (Aleph-Hay) - \$1475 (Additional children shall get a discount as follows, after payment of 1 child at the full tuition: \$100 off for each additional child in Aleph-Hay, \$50 for each additional child in the post B'nai Mitzvah class. Lesser discount shall apply) and includes Snacks, Books & Materials. One Day Students (Pre-Primary & Primary) include Snacks, Books & Materials - \$380 per child. B'nai Mitzvah Lessons - \$750 (Daled & Hay Class). Post Bar/Bat Mitzvah Class - \$500. If paid with your bill disregard this notice.

If paying by credit card, please note that there is a 3% surcharge. Please call the Synagogue office with your credit card information.

Confidential Student Profile

***This form will be used for educational planning purposes only.**

STUDENT'S NAME _____ GRADE _____ DATE _____

1. Does your child have an Individual Education Plan (IEP), 504 Plan, OHD – Other Health Disability Plan, or other educational plan *from the public school district*?

☐ Yes ☐ No

If yes please attach a copy of your child's current educational plan (IEP, 504, or OHD) to this form.

2. Does your child receive support services in or out of their school day (special education/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)?

☐ Yes ☐ No

If yes please, provide details.

3. Please check the appropriate box(es) that apply to your child.

- | | |
|----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Emotional/Behavioral Disorder |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Conduct/Oppositional Defiant Disorder | <input type="checkbox"/> Speech/Language Disability |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Developmental/Cognitive Delay | <input type="checkbox"/> Visual Impairment |

4. Does this condition impact your child's school performance?

☐ Yes ☐ No

If yes please, provide details.

5. Would you like us to contact you to discuss this information further?

☐ Yes ☐ No

6. Was a referral for assessment of concerns at school recently made or is one in progress?

☐ Yes ☐ No

If yes please, provide details.

7. Does your child take medication?

☐ Yes ☐ No

If yes, provide names of medication(s) and, if needed during school hours, the times administered.

8. Other information regarding your child's health or education that you would like to share.

Parent's Signature: _____ Date ____/____/____

Schedule Choices:

Please check off which option you would like for your child starting in September. Your child will keep this choice until December 1, 2025 when you can switch days starting in January 2026. Switching is optional.

Parents of students in Aleph-Hay (Grades 3-7) should choose EITHER Option A or Option B.
Parents of students in Pre-Primary (Grades K-2) should choose EITHER Option C or Option D.

*****SCHEDULE CHOICE IS SUBJECT TO SUFFICIENT ENROLLMENT*****

Name of Student: _____ Grade: _____

_____ Option A: (Aleph-Hay ONLY) - Sunday/Wednesday

_____ Option B: (Aleph-Hay ONLY) - Monday/Wednesday

_____ Option C: (Pre-Primary (Grades K-2) ONLY) - Sunday

_____ Option D: (Pre-Primary (Grades K-2) ONLY) - Monday

Name of Student: _____ Grade: _____

_____ Option A: (Aleph-Hay ONLY) - Sunday/Wednesday

_____ Option B: (Aleph-Hay ONLY) - Monday/Wednesday

_____ Option C: (Pre-Primary (Grades K-2) ONLY) - Sunday

_____ Option D: (Pre-Primary (Grades K-2) ONLY) - Monday

Name of Student: _____ Grade: _____

_____ Option A: (Aleph-Hay ONLY) - Sunday/Wednesday

_____ Option B: (Aleph-Hay ONLY) - Monday/Wednesday

_____ Option C: (Pre-Primary (Grades K-2) ONLY) - Sunday

_____ Option D: (Pre-Primary (Grades K-2) ONLY) - Monday

Parent Participation

We are all part of the Education community - this is considered a partnership. Please check at least one (1) activity that you would be willing to assist with. This will help make your child's Religious School experience meaningful, rewarding, and fun. If there is another parent you would like to work with, please put both names on the checklist.

- | | |
|-----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Book Fair Event | <input type="checkbox"/> Shopping for Events |
| <input type="checkbox"/> Purim Celebration | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Hanukkah Celebration | <input type="checkbox"/> End of the Year Events |
| <input type="checkbox"/> Model Passover Seder | <input type="checkbox"/> Sponsor Family/Class Shabbats (\$100) |
| <input type="checkbox"/> Tu B'Shevat Seder | <input type="checkbox"/> Class Parents (See below) |

Class Parents

Each Religious school class is required to have 1-2 class parents. The class parents:

- 1) Collect money in September for teacher and Religious School Director gifts for Hanukkah and end of school year from all parents in your class.
- 2) Buy cards for teacher of your class and present gift to teacher at Hanukkah and again at the end of the school year.
- 3) Help out at more than one of the events listed above and as needed.
- 4) When possible, attend Education Committee meetings which are held once a month.

Please indicate below if you would like to be a class parent and for which class:

☐ I would like to be a Class Parent for the _____ class.

Name of Parent

Signature of Parent

MANETTO HILL JEWISH CENTER RELIGIOUS SCHOOL

STUDENT PICK-UP AUTHORIZATION FORM

Student's Name _____

Student's Class _____

I authorize the following listed below to pick-up my child from Manetto Hill Jewish Center Religious school.

1. Name _____

Relationship _____

Phone Number _____

2. Name _____

Relationship _____

Phone Number _____

3. Name _____

Relationship _____

Phone Number _____

Note: Any person unfamiliar to the staff of the MHJC Religious School will be required to show proof of identification.

Under NO circumstances will the child be released to anyone other than those listed above without written permission from the parent.

Signature Parent

Date