



SOUTH HUNTINGTON JEWISH CENTER

2600 NEW YORK AVE., MELVILLE, NY 11747 - (631) 421-3224

RABBI IAN S. JACKNIS

Spring 2021
Dear Parents,

Religious School registration for children in Gan (K) through Hei (7th grade) for the 2021-22/5782 school year is now underway. Students entering the 3rd grade in public school in September 2021 must register for the Alef class in order to qualify for Bar/Bat Mitzvah.

Registration:

This registration process is critical to ensure your children are placed in optimal class sizes. It supports us in ensuring that we will have the best possible teachers placed at SHJC to enlighten your children next year, and enables us to give your child the best possible Religious School experience around!

Tuition Payments:

Your first tuition payment must be received **BY AUGUST 16th**. If you have a financial hardship please contact finance@shjc.org prior to August 16th.

Your registration will not be considered complete without:

- Full payment of all outstanding synagogue and RS obligations
- Payment of: minimum of one-half of the RS tuition for the 2021-22 school year, one month of SHJC dues, and the \$75 per student book fee
- Parents of students in Kitah Hei will pay a \$55.00 graduation fee that will be added to your tuition bill

Tuition for Alef – Hei (3rd – 7th grades):

First student	\$1095
Second student	\$945
Third student	\$745

Tuition for Gan, Simha 1 and Simha 2 (K-2nd grades)

Gan (K)	\$395
Simha 1	\$495
Simha 2	\$495

Synagogue membership is not required to enroll your child in Gan, Simha 1 or Simha 2.

Schedule of Religious School Classes for the 2021-2022 / 5782 School Year:

Gan (Kindergarten):	Thursdays from 4:30 - 6:30
Simha 1 (1st grade):	Thursdays from 4:30 - 6:30
Simha 2 (2nd grade):	Thursdays from 4:30 - 6:30
Alef (3rd grade):	Tuesdays and Thursdays from 4:30-6:30
Alef Flex 1 day* (3rd grade):	Thursdays only from 4:30 - 6:30
Bet (4th grade):	Tuesdays and Thursdays from 4:30 - 6:30
Bet Flex 1 day* (4th grade):	Thursdays only from 4:30 - 6:30
Gimel (5th grade):	Tuesdays and Thursdays from 4:30 - 6:30 (Two days required)
Dalet (6th grade):	Tuesdays and Thursdays from 4:30 - 6:30 (Two days required)
Hei (7th grade):	Tuesdays and Thursdays from 4:30 - 6:30 (Two days required)

*The Alef Flex 1 day and Bet Flex 1 day program involves in-person attendance on Thursdays only and then a virtual tutoring session once a week.

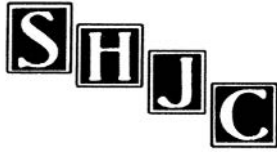
Each class is subject to minimum and maximum enrollment

For further information or questions, please call Principal Heather Welkes at (631) 421-3224 ext.12 or email hwelkes@shjc.org. Emailing is preferable and will elicit a quicker response. We look forward to a joyous year of learning together!

Sincerely,

Heather Welkes, RS Principal

Lisa Travis and Cheryl Haiken, Synagogue Co-Presidents



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Registration Form 2021-2022

Please list each child that you are registering on this form:

Last name _____

First name _____ D.O.B. _____ Grade* _____ Hebrew Names _____

First name _____ D.O.B. _____ Grade* _____ Hebrew Names _____

First name _____ D.O.B. _____ Grade* _____ Hebrew Names _____

First name _____ D.O.B. _____ Grade* _____ Hebrew Names _____

*Grade entering as of September 2021

Address _____ Town _____ Zip code _____

Phone numbers (please write in order of preference of contact, check which kind of number it is and identify which parent):

_____ home cell work Name: _____

_____ home cell work Name: _____

_____ home cell work Name: _____

Email address(es):

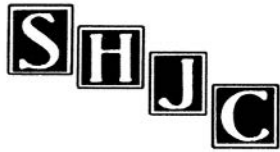
School District: _____

Parent/Guardian: English and Hebrew name _____

Parent/Guardian: English and Hebrew name _____

____ Yes! I would like to help out/volunteer/join our PTA! Special skills? _____

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**EMERGENCY INFORMATION FORM
2021-2022**

Name of Child #1: _____

Name of Child #2: _____

Name of Child #3: _____

Name of Child #4: _____

My child(ren) may be released to the following:

Please list anyone who may take your child home, including grandparents and babysitters.

Please indicate if there are any custody concerns that our staff should be made aware of.

In the event of a medical emergency, I authorize the staff of SHJC to obtain emergency medical treatment for my child. I understand that I will be contacted immediately.

Parent's Name (Please Print)

Parent's Initials

Date

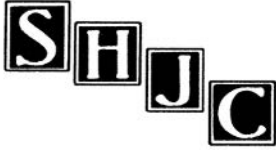
Photo and Video Release

I give my permission to have photos and videos taken of my child(ren) at the SHJC Religious School and at school functions held outside the building. I am also giving the school permission to use these photos and videos for educational and publicity purposes. The photos and videos may appear in, but not be limited to, SHJC's website, marketing brochures, newspapers, YouTube, and social media and publicity posters.

Yes, I give permission for photos of my child(ren) to be used.

No, I do not give permission for my child to be photographed.

Initials _____ Date _____



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RELIGIOUS SCHOOL EDUCATIONAL PROFILE

2021-2022

***** Student 1 *****

Name:

Does your child have any an IEP? yes no

Does your child have any special learning needs? yes no

Does your child receive accommodations? yes no

If yes, please explain:

Does your child have allergies, dietary restrictions epipen asthma other

If yes, please explain:

Any other information that may be helpful for us to know?

***** Student 2 *****

Name:

Does your child have any an IEP? yes no

Does your child have any special learning needs? yes no

Does your child receive accommodations? yes no

If yes, please explain:

Does your child have allergies, dietary restrictions epipen asthma other

If yes, please explain:

Any other information that may be helpful for us to know?

RELIGIOUS SCHOOL EDUCATIONAL PROFILE

2021-2022

***** Student 3 *****

Name:

Does your child have any an IEP? yes no

Does your child have any special learning needs? yes no

Does your child receive accommodations? yes no

If yes, please explain:

Does your child have allergies, dietary restrictions epipen asthma other

If yes, please explain:

Any other information that may be helpful for us to know?

***** Student 4 *****

Name:

Does your child have any an IEP? yes no

Does your child have any special learning needs? yes no

Does your child receive accommodations? yes no

If yes, please explain:

Does your child have allergies, dietary restrictions epipen asthma other

If yes, please explain:

Any other information that may be helpful for us to know?