



**REGISTRATION  
2015 - 2016 5776**



**RETURN YOUR COMPLETED FORM WITH PAYMENT TO YOUR CONGREGATION**

**TUITION**

<b>Kindergarten</b> Sundays (9:30-12:30)	___ \$465 (by 6/30)	___ \$480 (7/1 – 8/15)	___ \$495 (after 8/15)
<b>Grade: 1</b> Sundays (9:30-12:30)	___ \$465 (by 6/30)	___ \$480 (7/1 – 8/15)	___ \$495 (after 8/15)
<b>Grades 2-7</b> Sundays (9:30-12:30) Wednesdays (4:00-6:00)	___ \$655 (by 6/30)	___ \$670 (7/1 – 8/15)	___ \$690 (after 8/15)
<b>Grade: 8</b> Sundays (9:30-12:30)	___ \$465 (by 6/30)	___ \$480 (7/1 – 8/15)	___ \$495 (after 8/15)

Please print clearly.

**1. Student(s) Information:**

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<b>Supply Fee \$10/student</b>				\$ _____
<b>Sub-total</b>				\$ _____
<b>Reduced rate for each additional sibling (-\$25)</b>				\$ _____
<b>TOTAL</b>				\$ _____

**Option 1: Payment in FULL** Check # \_\_\_\_\_ @ \$ \_\_\_\_\_

**Option 2: 5 Payments (dated June 30, 2015 through October 30, 2015)**

5 Monthly postdated checks @ \$ \_\_\_\_\_ each = TOTAL \$ \_\_\_\_\_ (checks must be enclosed)

**Mail payment to YOUR congregation:**

Congregation Ohav Shalom, 113 New Krumkill Road, Albany, New York 12208 (518) 489-4706  
 Temple Israel, 600 New Scotland Avenue, Albany, New York 12208 (518) 438-7858  
 B'nai Sholom, 420 Whitehall Road, Albany, New York 12208 (518) 482-5283

Additional payment options/educational subsidies may be available. Please contact the Executive Director at your synagogue.

**\*UNAFFILIATED FEE (additional)**      K, 1<sup>st</sup> & 8<sup>th</sup> grade - \$415 / 2<sup>nd</sup>-7<sup>th</sup> grade - \$665      \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**\*Unaffiliated families MUST join one of the participating synagogues after one year.**

**Parent Information:**

Students live with (check one):  Both Parents  Mother  Father  Other

If other, please indicate your relationship: \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Family Synagogue Affiliation** \_\_\_\_\_

**Does the student(s) have Special Needs?** \_\_\_\_\_ **An I.E.P.?** \_\_\_\_\_

**Allergies or Medications?** \_\_\_\_\_

**Other relevant information**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Photo Release:** I give permission for my child's photograph to be used in synagogue publications and local newspapers. Please sign (Parent/Guardian Signature)

\_\_\_\_\_

**B'Yachad Student Directory:** I give permission for my **Contact Information** to be included in the B'Yachad Student Directory. Please sign (Parent/Guardian Signature)

\_\_\_\_\_

**ANY QUESTIONS: Contact Ruth Malka, B'Yachad Principal, at: [byachadprincipal@gmail.com](mailto:byachadprincipal@gmail.com)**

For Office Use ONLY	Synagogue Affiliation _____		
Billing Code _____	If multiple children, copy made for each	Date _____	Initial _____
Total Amount Due _____	Given to Education Office	Date _____	Initial _____
Reg. Fees Received	Date _____	Initial _____	Placed in Education binder (Main Office) Date _____
Reg. Accepted	Date _____	Initial _____	Notes _____