



Spring 2024

Dear Parents,

Religious School registration for children in Gan (K) through Hay (7th grade) for the 2024-25/5785 school year is now underway. Students entering the 3rd grade in public school in September 2024 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 given the best possible Religious School experience around!

Schedule of Religious School Classes for the 2024/2025/ 5785 School Year

All grades Thursdays 4:30 – 6:30pm

Plus an individually scheduled tutoring session

Tuition Payments:

Tuition is due in full for the entire year. As a courtesy, you may spread out the tuition payments through April. Payment should be paid in full by April 30th. An additional Bar/Bat Mitzvah fee will be added when your child is in Daled class.

Tuition for pre-Gan (grades K/1) - Free Tuition for members

Tuition for Gan (grade 2) -\$600

Tuition for Alef through Hay (grades 3-7)

One Child - \$875

Two Children - \$1,450

Three Children - \$1,825

For further information or questions, please call the synagogue office at 631.368.6474 or email office@enjc.org. We look forward to a joyous year of learning together!

Sincerely,

Frank Brecher, Education Vice President

Robin Kain, Synagogue President



Registration Form 2024-2025

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

Last name _____

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

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

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

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

*Grade entering as of September 2024

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):

Phone Number: _____ Name: _____ _Cell _____ Landline

Phone Number: _____ Name: _____ _Cell _____ Landline

Phone Number: _____ Name: _____ _Cell _____ Landline

Email Address(es): _____

School District: _____

----- Yes! I would like to help out/volunteer/join the PTA!

Please list any special skills that you may have: _____



**EMERGENCY INFORMATION FORM
2024-2025**

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 East Northport Jewish Center to obtain emergency medical treatment for my child. I understand that I will be contacted immediately.

Parent's Name (Please Print)

Parent's Signature

Date

Photo and Video Release

I give my permission to have photos and videos taken of my child(ren) at the East Northport Jewish Center 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, East Northport Jewish Center's websites, 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.

Signature: _____ Date _____



RELIGIOUS SCHOOL EDUCATION PROFILE

2024 – 2025

Student #1

Name:		
Does your child have an IEP?	Yes	No
Does your child have any special learning needs?	Yes	No
Does your child receive accommodations in school?	Yes	No
Does your child have	<input type="checkbox"/> Allergies <input type="checkbox"/> Dietary Restrictions	
	<input type="checkbox"/> Medical Condition requiring an epi pen, inhaler or other device	
If yes, please explain:		
Is there any other information that you would like to share about your child that would be helpful for us to know?		

Student 2

Name:		
Does your child have an IEP?	Yes	No
Does your child have any special learning needs?	Yes	No
Does your child receive accommodations in school?	Yes	No
Does your child have	<input type="checkbox"/> Allergies <input type="checkbox"/> Dietary Restrictions	
	<input type="checkbox"/> Medical Condition requiring an epi pen, inhaler or other device	
If yes, please explain:		
Is there any other information that you would like to share about your child that would be helpful for us to know?		



Student 3

Name:		
Does your child have an IEP?	Yes	No
Does your child have any special learning needs?	Yes	No
Does your child receive accommodations in school?	Yes	No
Does your child have	<input type="checkbox"/> Allergies <input type="checkbox"/> Dietary Restrictions	
	<input type="checkbox"/> Medical Condition requiring an epi pen, inhaler or other device	
If yes, please explain:		
Is there any other information that you would like to share about your child that would be helpful for us to know?		

Student 4

Name:		
Does your child have an IEP?	Yes	No
Does your child have any special learning needs?	Yes	No
Does your child receive accommodations in school?	Yes	No
Does your child have	<input type="checkbox"/> Allergies <input type="checkbox"/> Dietary Restrictions	
	<input type="checkbox"/> Medical Condition requiring an epi pen, inhaler or other device	
If yes, please explain:		
Is there any other information that you would like to share about your child that would be helpful for us to know?		