



WASHINGTON HEBREW CONGREGATION RELIGIOUS SCHOOL *RENEWAL* FORM

11810 Falls Road, Potomac, MD 20854 & 3935 Macomb Street NW, Washington, DC 20016

Embracing Judaism
Jewish Roots - Jewish Futures

Returning students will be promoted as part of our ongoing enrollment program. **Please return this form along with a \$100 deposit (checks made out to WHC) for any returning student(s) and note any changes below.** Note that any new students must have registration forms sent into the religious school office by July 1st.

▶ **Section 1:** (Please Print)

Name of Student: _____

The secular school for 2011-2012: _____

Grade for 2011-2012: _____

WHC RS Location: Macomb: [] JBSC: []

▶ **Section 2: PARENT INFORMATION:** Please print any change of information:

PARENT 1: _____

PARENT 2: _____

Address: _____

Phone: _____

Work: _____

Cell: _____

Email: _____

Student lives with: [] Both Parents [] Parent #1 [] Parent #2

I *do not* wish to have my contact information printed in the religious school directory []

▶ **Section 3: Religious School Fees:** All students are assessed an additional \$35 activity fee.

Early Bird Fee (before May 1) Registration Fee (before June 30) Registration Fee (after July 1)

K – 3rd Grade	\$230.00	\$265.00	\$300.00
4th – 7th Grade	\$480.00 (\$265 Rel. School, \$275 Hebrew)	\$540.00	\$600
8th – 9th Grade	\$590.00 (\$265 Rel. School, \$355 Retreats)	\$655.00	\$690
Confirmation	\$530.00	\$550.00	\$575.00

**Please note that all Bnai Mitzvah fees are handled through the cantors office and are not included above. (202) 362-7100 ext 309*

▶ **Section 4: Youth Group Membership**

Regular membership includes discounts on events and a t-shirt. MVP membership includes t-shirt and all programs for the entire year.

ETY (3rd and 4th Grade) \$18 regular or \$100 MVP

Club 56 (5th and 6th Grade) \$18 regular or \$125 MVP

Hatikvah (7th & 8th Grade) \$18

WHECTY (9-12 grades) \$50

► **Section 5: Confidentials** This section will only be shared with proper personnel in order to best assist your child in school.

Does your child have any conditions that may adversely affect his/her education experience?

(for example:) () Visual () Hearing () Speech-Language () Emotional () ADD () ADHD

Please explain: _____

Is he/she receiving services in or outside of school for these conditions? _____

[] Does your child have any allergies? If yes, please specify _____

[] Is your child on any prescribed medication? If yes, please specify: _____

[] Will your child need this medication to create a more positive Religious School experience?

Please check the following as appropriate:

[] I authorize the Religious School to distribute this to my child's teacher.

[] I do not wish this form distributed to my child's teacher.

[] I agree that the School and its agents/sponsors may use my child's photograph in future promotions.

Section 6: Social Requests (Please note that while we will do our best, these are not guaranteed)

Children's Names: 1. _____ 2. _____

Section 7: Consent & Liability Waiver

I, _____ (parent/guardian) am the parent or legal guardian of
_____ (minor child). As lawful consideration for my child being permitted to participate in the activities of the Washington Hebrew Congregation Religious School (the "School"), including, without limitation, any transportation provided to my minor child by an employee, officer, director, volunteer, agent or servant of the School (each, an "Authorized Person"), I agree that neither my minor child nor I, nor our respective heirs, assigns, personal representatives or estates, may or will make any claim against, sue or attach the property of the School or of any Authorized Person for damages by reason of death, personal injury, accident, illness or property damage which I or my minor child may sustain as a result of his or her participation in these activities. This release is intended to discharge in advance the School and all Authorized Persons from and against liability, including for negligent acts or omissions, except liability arising out of willful or wonton misconduct by such Person. I further attest that my child is physically fit and has no known medical conditions which would inhibit his or her participation in such at the School and all Authorized Persons.

Should it be necessary for my minor child to have medical treatment while participating in the School activities while under the supervision of an Authorized Person, I give permission to such Authorized Person(s) to use their judgment in obtaining medical services and I give permission to the physician selected by such Authorized Person to render medical treatment as such physician deems necessary or appropriate. I understand the School may not carry insurance covering such medical or hospital costs and agree that any such costs shall be my sole responsibility.

My Child's Physician's Name: _____ Phone Number: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND THE SCHOOL AND ITS EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS AND AGENTS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Parent's Signature: _____ Date: _____

If you have any questions about this form please contact Steven Jacober, WHC Executive Director at (202) 362-7100.9