



**The Mount Kisco Hebrew Congregation
Hebrew School 2009-2010**

Student Tuition Payment Form

Student 1: _____ Grade: _____ Tuition: _____

Student 2: _____ Grade: _____ Tuition: _____

Student 3: _____ Grade: _____ Tuition: _____

Student 4: _____ Grade: _____ Tuition: _____

Total: _____

Tuition for Members \$1250 / Tuition for Non-Members \$1500
We offer a \$100 discount to those registered before August 1st

Please enclose a check made payable to MKHC for the total due
and submit it along with your application.

No family will be turned away due to financial need.

Please send all forms and payments to:

**Mount Kisco Hebrew Congregation Hebrew School
15 Stewart Place, Mount Kisco, NY 10549**

To pay by credit card:

Card Number: _____ Ex: _____ Zip: _____

www.MKHC.org ~ office@mkhc.org ~ 914-242-7460

The Mount Kisco Hebrew Congregation Hebrew School Schedule of Classes 2009-2010

PLEASE NOTE OUR NEW SCHEDULE OF CLASSES FOR THE COMING YEAR

Please note our tuition is for the 2009-2010 school year.
Tuition includes all textbooks, materials and snacks needed throughout the year.

No family will be turned away due to financial need. If your family needs to make special arrangements, please speak with Rabbi Goldscheider or Ronnie Gurman

Teachers	Class & Grade	Day & Time
Rabbi Kaplan Devorah Stengel	Aleph & Bet Class Kindergarten & 1 st Grade	Sunday 9:15am-10:30am
Rabbi Stengel	Gimmel Class 2 nd & 3 rd Grade	Sunday 9:15am – 10:30am Tuesday 4:45pm-6:15pm
Rabbi Kaplan	Daled Class 4 th & 5 th Grade	Sunday 10:45am – 12:00pm Tuesday 4:45pm-6:15pm
Rabbi Stengel	Hey Class 6 th Grade	Sunday 10:45am – 12:00pm Tuesday 4:45pm-6:15pm
Rabbi Stengel	Bar & Bat Mitzvah Class	Tuesday 6:15pm-7:30pm

**We have created a new schedule that will provide our students
with the optimal space to ensure the highest level of learning.**



The Mount Kisco Hebrew Congregation Hebrew School 2009-2010 Student Registration Form

We are delighted that your child(ren) will be attending the Mount Kisco Hebrew Congregation Hebrew School. For the health, safety and most fruitful and positive learning experiences for your child(ren), we kindly ask you to fill out the following forms carefully and completely. Please complete a separate student information form AND emergency form for each child enrolled. Additional forms can be found online at www.mkhc.org.

Student Information

First Name/Last Name: _____

Nickname or Preferred Name (if not the same as above): _____

Hebrew Name (in Hebrew or Transliteration): _____

Gender (please circle): Male or Female Birthday (mm/dd/yyyy): _____

Address: _____

City/State/Zip: _____

Home Phone number:(_____)_____

Student's Email Address (if applicable): _____

Student's Cell Phone Number (if applicable): _____

Secular School: _____

Secular School Grade in 2008-2009: _____

Other Siblings

Name & Age: _____

Name & Age: _____

Name & Age: _____

Name & Age: _____

Name & Age: _____

The Mount Kisco Hebrew Congregation Hebrew School

Your answers to the following questions will help us enhance your child's experience at the Mount Kisco Hebrew Congregation Hebrew School. All information will be kept confidential. If there is any information that you would prefer to discuss in person, please contact Rabbi Goldscheider, principal, at 914-242-7460. If needed, continue your responses on a separate sheet of paper.

Does your child have any allergies and/or medical conditions? Please list below:

Is your child taking any medicines or medications? If so, who is responsible for dispensing?

How does your child learn best? What are his/her special interests or dislikes, areas of strengths or weakness? Does he/she have any emotional or learning needs that we should know about?

Does your child receive any special services in secular school, such as special education services or regular use of a resource room?

The Mount Kisco Hebrew Congregation Hebrew School Parent Information

Parent/Guardian # 1

First Name/Last Name: _____

Hebrew Name (if applicable): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Preferred Method of Receiving Written Communication (please circle one):

Email or US Mail

Member of Mount Kisco Hebrew Congregation (please circle one):

YES or NO

Parent's Occupations: _____

Religious Background: _____

Parent/Guardian # 2

First Name/Last Name: _____

Hebrew Name (if applicable): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Preferred Method of Receiving Written Communication (please circle one):

Email or US Mail

Member of Mount Kisco Hebrew Congregation (please circle one):

YES or NO

Parent's Occupations: _____

Religious Background: _____

If students have parents who are divorced or separated, please complete the following:

Name of Custodial Parent: _____

If either parent has remarried, please list the name of the current spouse:

Parent 1: _____ **Parent 2:** _____

Do you wish mailings to go to both parents? (please circle one):

YES or NO

If not, to whom should the mailings go? _____

The Mount Kisco Hebrew Congregation Hebrew School Emergency Information

Please Complete a Separate Form for Each Student Enrolled.

Student Name: _____

Insurance Plan: _____

Policy Number: _____

May we contact our child's physician or dentist if necessary? (please circle one)

YES or NO

Physician Name & Phone Number: _____ (____) _____

Dentist Name & Phone Number: _____ (____) _____

In the event of an emergency, do you give us permission to call an ambulance?

(please circle one):

YES or NO

Emergency Contact # 1

First Name/Last Name: _____

Relationship to Student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact # 2

First Name/Last Name: _____

Relationship to Student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I, _____ authorize the staff of the Mt. Kisco Hebrew Congregation Hebrew School to obtain emergency medical; treatment for my child. I understand that all efforts will be made to contact my above –named representative(s) or me immediately. Unless I have otherwise stated on this form, I understand that my child's physician will be contacted immediately.

Parents Name (please print)

Parent Signature

Date

The Mount Kisco Hebrew Congregation Hebrew School Parent Volunteer Form

Parent participation in the Mt. Kisco Hebrew School is key to making our religious school a place where Jewish values are modeled for our children. Thank you in advance for agreeing to participate in one of the following activities.

Parent Name: _____
Age & Grade of child(ren): _____

Yes, I Would Like To:

- _____ Serve on the Parent Advisory Committee (monthly meetings & email communication)
 - _____ In September-October, offer a personal welcome and help or donate to a Friday Night Shabbat dinner for Hebrew School
 - _____ Help coordinate school-wide projects such as holiday parties (as needed)
 - _____ Assist in the classroom (as needed)
 - _____ Assist in coordinating and planning the Purim Carnival (March)
 - _____ Make runs to shopping centers for food, art supplies, etc (as needed)
 - _____ Offer my special services and talents in whatever way they can be useful (i.e. artistic skills; dance; access to special events; storytelling)
- Days & times I am usually available for the above: _____

Please return this form with your application