

Reading Jewish Community High School 2018-2019 Registration Form

You will need to complete the registration form and pay the \$250 fee. The fee includes \$180 for tuition and \$70 for food, materials and copying fees. Books and texts used in class as well as additional outside experience activities are not included in the \$250 fee. Fees for experience activities will be given in advance of the events. The \$250 fee can be paid online during registration or checks can be mailed to the JCC. Checks can be made out to the Jewish Federation of Reading-JCHS.

All payment for classes must be received no later than October 5, 2018.

A minimum contribution of \$100 per family to the Federation's annual campaign is required to enroll in this highly subsidized program. The gift, payable to "JFR" should be sent directly to the Federation—PO Box 14925, Reading, PA 19612-4925 or click the "Donate Now" tab in the above navigation pane. Confidential, need-based scholarships are available through Jewish Family Service—610-921-0624 and ask for Sari Inledon. If you have any additional questions, please do not hesitate to contact Amanda at 610-921-0624.

Fees may be paid online, via credit card by calling 610-921-0624 or by check and mailed to the PO Box above. Payment for all classes must be received by October 5, 2018.

Student's Full Name

Student' Hebrew/Jewish Name

Street Address

City

State

Zip

Home Phone

Student's Email

Student's Cell Phone

Student's Date of Birth

Gender

Name of public/private school as of September 2018

Grade as of September 2018

Previous Jewish School attended

Completed grade

Bar/Bat Mitzvah at Synagogue

Returning Reading JCHS student (y/n)

Years attended (if yes)

Synagogue affiliation (if applicable)

Have you attended camps (y/n)

If you have attended camps please list

Are you affiliated with any youth groups (y/n)

If you are affiliated with any youth groups please list

Parent 1 Title

Parent 1 Name

Parent 1 Address

Parent 1 Daytime Phone

Parent 1 Evening Phone

Parent 1 Cell Phone

Parent 1 Email

Parent 2 Title

Parent 2 Name

Parent 2 Address

Parent 2 Daytime Phone

Parent 2 Evening Phone

Parent 1 Cell Phone

Parent 2 Email

Student lives with (parent 1 or 2)

Primary parent's email for communication and billing

Primary parent's phone for communication and billing

List Siblings Full Name(s) and Grade(s)

In case of emergency, please contact (person other than parent) and be sure to include name, phone number and relationship to student

Please provide your child's medical insurance below (medical plan, ID #, Group #)

I hereby give permission, in the event of any emergency, to the physical selected by the leaders to hospitalize, give necessary treatment and/or anesthesia to my child. I understand that Reading Jewish

Community High School and/or the Jewish Federation of Reading are not liable for personal injuries and/or damages of any kind. (y/n)

If student has special needs, learning difference or is gifted, please give a brief explanation in order that we may best accommodate him or her.

Please list any existing medical conditions e.g. allergies (seasonal and food) and/or physical challenges.

The Reading JCHS has permission to photograph my child for advertising, social media and the website and to use these photographs without compensation or additional restrictions. (y/n)

I hereby give permission to my child to participate in all Reading JCHS programs, activities, trips and events as they arise during the school year (y/n)

Signature

I certify that the required information on this application is complete and accurate to the best of my knowledge. I realize that the deliberate or intentional failure to provide the required, accurate and complete information can result in cancellation of the application and/or revocation of admission.