



Southwest Orlando Jewish Congregation

RELIGIOUS SCHOOL REGISTRATION PACKET

2019-2020

Dear Parents,

Welcome to a new and exciting year of Religious School at SOJC. Attached are the forms that are needed to complete your registration. To complete your registration, **you must be a member in good standing at SOJC. Please fill in all pertinent information included in the form, sign and return to SOJC.**

Your packet includes:

- **Student Information and Emergency Form:**
- **Children's Names:**
- **The Year at a Glance** – The full calendar is on the SOJC website, www.sojc.org
- **Volunteer Help Needed** – We will need a room parent for each class, as well as volunteers for RS holiday and social events. Please email office@sojc.org if you are interested in volunteering or looking for more information on volunteering.

Registration begins June 1, 2019!

Earlier registration enables the staff to better prepare for our students!

Please fill out the forms and return them by mail or drop off - with payment - beginning June 1. If you are taking advantage of the two or ten payment plan, an ACH form must accompany your application. Forms turned in after the start date of June 15, payments must be brought current as if they started on June 15. Mark your calendars for

Sunday August 18th for Meet your Teachers and see your new classrooms.

Religious School will resume on August 21st for students 3 – Hebrew High, and August 25th for all students.

Religious School Schedule:

- Pre-Kindergarten-Second Grade: Sundays, 9:00 am – 12:00 pm
- Third-Seventh Grade: Sundays, 9:00 am–12:00 pm and Wednesdays, 5:30 pm-7:30 pm
- Eighth-Twelfth Grade: Wednesdays, 5:30 pm-7:30 pm

Note: Check your RS calendar for the Super Wednesday dates when grades Pre-K through 7th will be in session.

We all look forward to having your children in class and hope to give them a happy and meaningful experience.

Sincerely,

Rabbi Orrin Krublitz and Cantor Doug Ramsay



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Religious School Information and Emergency Form

STUDENTS' INFORMATION:

Last _____ First _____ Date of Birth _____

Hebrew Name _____ Grade _____ Male Female

Last _____ First _____ Date of Birth _____

Hebrew Name _____ Grade _____ Male Female

Last _____ First _____ Date of Birth _____

Hebrew Name _____ Grade _____ Male Female

Emergency Information

We must have an updated emergency form on file for every child in our school.

Parent(s) Name(s) _____

Parent 1 - Phone number: _____ Email: _____

Parent 2 - Phone number: _____ Email: _____

Does the child(ren) reside with: Mother Father Both Other

(Please circle the appropriate response)

Please list below all people, including yourself, who are allowed to pick up your child(ren).

Name	Relationship	Phone Number	Emergency Contact?

Does the child have special medical needs or allergies?

Name of Child: _____

Allergy or Special Need:



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I would like to serve as Room Parent for:

Grade: _____

I would like to be a part of the PTA: Yes No

Name _____

I hereby give consent for my child to participate in the SOJC Religious School and related activities. I release and discharge SOJC, its offices, agents and employees, exercising reasonable care within their duties, from all liabilities, claims, damages, suites, judgments and settlements involving personal injury and property damage in connection therewith. If emergency treatment is required, I agree that SOJC may provide emergency first aid and arrange for my child to be treated by a hospital or doctor. I agree to be responsible for all charges in connection therewith.

Signed (Parent/Guardian): _____