

Hewlett-East Rockaway Jewish Centre Religious School

Congregation Etz Chaim
295 Main Street – East Rockaway – New York – 11518
Email: RSOffice@HERJC.org

Chari Nacson, Director Robin Alpert-Kaye, RS Admin School Office: 516-599-0424

HERJC RELIGIOUS SCHOOL REGISTRATION FORM 2025-2026

All Religious School families must be HERJC Members

| Student Information | | | | | | | |
|---|------------------------------------|--|---------|--|--|--|--|
| Name(s) | | | | | | | |
| Hebrew Name(s) | | | | | | | |
| Date(s) of Birth | e(s) of Birth Grade(s) | | | | | | |
| School(s) | | | | | | | |
| Home Phone | | | | | | | |
| Parent Information | | | | | | | |
| Parent 1 | Cell # | Email | | | | | |
| Parent 2 | | Email | | | | | |
| Medical Information: Allergi | es, permanent medical cor | iditions or special needs ₋ | | | | | |
| If there is any other information you | would like us to know about your c | hild please use the reverse of thi | s form. | | | | |
| *\$180 deposit required to finalize registration* | | | | | | | |

Religious School Tuition & Fees — Please check all applicable grades for each child's registration

| Gan (Pre-K/ Kindergarten) | New Family Package - Membership & Gan Tuition (Pre-K/ Kindergarten) Oldest Child | Alef (1 st Grade) | Special Alef – Membership & Alef Tuition (1st Grade) Oldest Child | Bet (2 nd Grade) | Gimel (3 rd Grade) | Daled (4 th Grade) | Hay (5 th Grade) | Vav (6 th Grade) | Zayin (7 th Grade) |
|---------------------------------|--|---------------------------------|--|--------------------------------|---|---|--------------------------------|--------------------------------|----------------------------------|
| \$645 | \$1200 | \$845 | \$1795 | \$1045 | \$1045 | \$1045 | \$1045 | \$1045 | \$695 |

MANDATORY FEES

Religious School Security Fee - \$250 PER FAMILY
Religious School Parents Association Fee - \$36 PER STUDENT

DISCOUNTS

NEW — Refer a friend who joins HERJC and take \$50 off your child's tuition \$50 Sibling Discount for each additional child in Religious School

| | o Release: Throughout the year, there is a possibility the | = | |
|-------|---|------------|---|
| Media | a pages. Please check the appropriate permissi | on box bel | |
| | Yes, I allow my child's photo to be used. | | No, please do NOT use my child's photo. |
| _ | | | |
| Roon | n Parent: | | |
| | Yes, I would like to be a room parent. | | No, I do not wish to be a room parent. |
| | | | |
| | Addition | onal Note | <u>es</u> |
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| Ple | ase return this form to HERJC by <u>8/22</u> the deposit of \$180 up to fo | | |
| | You can also contact us wit | h a credi | t card at 516-599-2634. |
| | | | |
| | | | |
| | | | |
| | Parent Signature | | Date |