

Vassar Temple  
Congregation Brethren of Israel

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140 Hooker Avenue  
Poughkeepsie, NY 12601  
845 454 2570  
845 452 5161 Fax  
[www.vassartemple.org](http://www.vassartemple.org)

## The Seth A. Erlebacher Religious & Vassar Temple Hebrew School Registration 2017-2018

**Religious School Classes for K-7th - Sunday Mornings 9am-12pm**  
**Hebrew School Classes for 4th - 7th grades - Wednesdays 4:30-6:00pm**

*(Please Print)*

Student Information:

Student's Name \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Student's Grade (2017-18) \_\_\_\_\_ New to our school? \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender/Preferred Pronoun \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zipcode \_\_\_\_\_

Secular (Public/Private) School \_\_\_\_\_

Grade in School (2016-2017 school year) \_\_\_\_\_

Student's Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Names and Ages of Siblings:

1. \_\_\_\_\_ Age: \_\_\_\_\_ enrolled in RS/HS? \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ enrolled in RS/HS? \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ enrolled in RS/HS? \_\_\_\_\_

**Parent Information:**

Parent #1:  
Name \_\_\_\_\_  
Phone# (H) \_\_\_\_\_  
Phone# (C) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone# (W) \_\_\_\_\_

Parent #2:  
Name \_\_\_\_\_  
Phone# (H) \_\_\_\_\_  
Phone# (C) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone # (W) \_\_\_\_\_

We are members of Vassar Temple - Yes / No (please circle)  
Please send me Vassar Temple Membership Information \_\_\_\_\_

**Tuition Information:**

**Religious School - (Members)**

1 child - \$200  
2 children - \$300  
3 children - \$400

**Hebrew School - (Members)**

\$590/ per child\*\*

**Hebrew School - (Non-Members)**

\$750/per child

**Religious School - (Non-Members)**

\$360 /per Child

I am enrolling my child for Religious School & Hebrew School \_\_\_\_\_ (Sunday & Wednesday)  
I am enrolling my child for just Religious School \_\_\_\_\_ (Sunday only)  
I am enrolling my child for just Hebrew School \_\_\_\_\_ (Wednesday only)

**\*\* Members Only:** If your child is registered for both Religious and Hebrew School a credit of 50% will be taken off of your **first child's Religious School Tuition** and will be credited towards your Religious School account.\*\*

***By signing this form I agree and pledge that I am responsible for full payment and understand that no refunds will be made. If you have financial concerns please contact Cathy Bokor at (845)462-5862 or [cathy@bokorlang.com](mailto:cathy@bokorlang.com).***

**Parent's Signature:**

**Date:**

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# ***Emergency Contact & Information:***

**Students Name** \_\_\_\_\_

**Parent to contact first in an emergency & Contact #**

\_\_\_\_\_

**Emergency Contact Information in case of emergency (Someone other than parents):**

*(one additional contact is required)*

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Doctor \_\_\_\_\_ Contact # \_\_\_\_\_

Student's Allergies:

\_\_\_\_\_

Other Medical information we need to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please let us know any information that will help us to better understand your child:

## Photo/Video Release Form:

Throughout the school year, there may be times when Vassar Temple Religious School or Hebrew School Students are photographed or filmed, with the approval of the Education Director or Rabbi, while engaging in learning or programs related to the Religious or Hebrew School. These photographs may be used in local and community newspaper articles, advertisements and Vassar Temple publications both printed and on the website as well as on the Vassar Temple Facebook page. Please fill out the form below in order for us to know whether or not we have your consent in using these images for the abovementioned purposes.

\_\_\_\_\_ I hereby grant Vassar Temple permission to use my child's photograph, videotaped image for the purposes mentioned above.

\_\_\_\_\_ I do not grant Vassar Temple permission to use my child's photograph, videotaped image for the above mentioned purposes.

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_