



**OHR CHADASH RELIGIOUS SCHOOL**

A joint program of Hillcrest Jewish Center, Hollis Hills Bayside Jewish Center & Israel Center of Conservative Judaism

[www.ohrchadashqueens.org](http://www.ohrchadashqueens.org) (718) 591-5353

Hillcrest Jewish Center  
183-02 Union Turnpike  
Flushing, NY 11366  
718-380-4145  
[www.hillcrestjc.org](http://www.hillcrestjc.org)

Hollis Hills Bayside Jewish Center  
210-10 Union Turnpike  
Hollis Hills, NY 11364  
718-776-3500  
[www.hollishillsjc.org](http://www.hollishillsjc.org)

Israel Center of Conservative Judaism  
167-11 73<sup>rd</sup> Avenue  
Flushing, NY 11366  
718-591-5353  
[www.iccj2004.org](http://www.iccj2004.org)

**ENROLLMENT/TUITION CONTRACT: 2019-2020**

Date \_\_\_\_\_ Synagogue Affiliation: HJC  HBJC  ICCJ  Non-Member

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Religious School Class--office use) \_\_\_\_\_

School Grade (as of Sept. 2019) \_\_\_\_\_ Name of School: \_\_\_\_\_

***Parent / Guardian 1 Contact Information***

***Parent / Guardian 2 Contact Information (optional)***

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Who is designated to pick up your child? List names(s) & Phone #(s): \_\_\_\_\_

Please inform us of any allergies/medications or any other special instructions: \_\_\_\_\_

Please describe your child's learning style (strengths & opportunities): \_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_

How did you hear about Ohr Chadash Religious School? \_\_\_\_\_



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**Class Schedule:** weekly Sunday classes from 9:00 AM – 12:30 PM from September 8, 2019 – May 17, 2020.

**Tuition & Fees:** We accept checks (made out to **OHR CHADASH RELIGIOUS SCHOOL**), cash and credit cards. A minimum of 50% of the tuition is due by September 8, 2019; a minimum \$100 deposit must accompany the registration form for each child. Full tuition payment is due by December 1, 2019. There are no partial tuition waivers for late enrollments. There are no refunds.

- Member of HJC, HHBJC or ICCJ: \$650
- Unaffiliated or Non-member: \$975

**Discounts:**

- Early bird (full tuition paid before August 1, 2019): \$50 (per child)
- Sibling discount (for each additional registration): \$25 (per additional child)
- New student referral (not siblings) \$50 (per newly enrolled students)

I hereby enroll my child(ren) in the **Ohr Chadash Religious School** and agree to pay the tuition fees as indicated on the Tuition Form under the terms indicated below. I accept the terms and conditions of payment as outlined in the Enrollment/Tuition Contract by returning this signed contract along with payment as follows.

	# of kids		TOTAL
<b>TUITION</b>			
HJC, HHBJC or ICCJ Member	_____	@ \$650	\$ _____
Non-Members	_____	@ \$975	\$ _____
Parent Association Dues	(per family)	\$36	36
<b>SUBTOTAL</b>			\$ _____
<b>DISCOUNTS</b>			
Early Bird (per child)	_____	@ - \$50	\$ -
Sibling (after 1 <sup>st</sup> child)	_____	@ - \$25	\$ -
New Student Referral	_____	@ - \$50	\$ -
<b>TOTAL DUE</b>			\$ _____
Total Amount Enclosed			\$ _____
Balance Due			\$ _____

**Parent Signature** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please return directly or by mail to the ICCJ business office (167-11 73<sup>rd</sup> Avenue)*

**FOR OFFICE USE ONLY: Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total \$:** \_\_\_\_\_



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### Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Hillcrest Jewish Center, Hollis Hills Bayside Jewish Center, and Israel Center of Conservative Judaism, their employees, or agents have the right to take photographs, videotape, or digital recordings of *(Student name)* \_\_\_\_\_ beginning on from **September 8, 2019 – May 17, 2020** and to use these in any and all media, now or hereafter known, and exclusively for the purpose of Ohr Chadash Religious School programs and activities. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Hillcrest Jewish Center, Hollis Hills Bayside Jewish Center, and Israel Center of Conservative Judaism their agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Hillcrest Jewish Center, Hollis Hills Bayside Jewish Center and Israel Center of Conservative Judaism are not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am the parent/guardian of the minor named above on this form and am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please return directly or by mail to the ICCJ business office (167-11 73<sup>rd</sup> Avenue)*