



ANSCHE CHESED HEBREW SCHOOL

Preschool Application

2009-2010

Student name: _____

Nickname/preferred name, if not the same as above: _____

Full Hebrew Name (in Hebrew or transliteration): _____

Birthday (mm/dd/yy): _____

Secular school/program, if applicable: _____

Grade in school: _____

Cross streets of school: _____

Are you willing to "walkpool" with other children who attend your child's school/ a nearby school? Yes
No

Sibling's name(s) and age(s): _____

MEDIA RELEASE

I hereby permit Anshe Chesed and the Anshe Chesed Hebrew School to use my child's likeness in photographs or videos, or in vocal recordings, for purposes that help promote our program and our synagogue.

Parent's Signature _____ Date _____

EMERGENCY ROOM CARE

I hereby state my permission for the staff of Congregation Anshe Chesed to take my child to a hospital emergency room in the event that I or one of my representatives above cannot be reached. All necessary treatment may be given at that time. Unless I have stated otherwise on this form, I understand that my child's physician and/or dentist will be contacted immediately.

Parent's Signature _____ Date _____

LEARNING STYLE

Your answers to the following questions will help us enhance your child's learning at ACHS. This information will be shared with your child's teacher and will otherwise remain confidential. If there is any information that you would prefer to discuss in person, contact Rabbi Lauren Kurland, Education Director, at 212-865-0600 x 208.

What would you like your child's Hebrew School teacher this year to know about your child (learning style, interests/dislikes, strengths/weaknesses)?

What are your goals for your child's learning at ACHS this year?

Does your child receive any special services (i.e., speech or occupational therapy)? Does your child have an IEP? Please also list any medications your child currently takes.

ACHS PARENT VOLUNTEER FORM

Parent participation in the Ansche Chesed Hebrew School is key to making our religious school a place where Jewish values are modeled for our children.

Thank you in advance for agreeing to participate in at least one of the following activities.

Parent Name: _____

I would like to:

Serve on the Ansche Chesed Hebrew School Parent Committee. The Committee meets approximately once every two months and works on issues relating to school vision, policy, and curriculum.

Serve as Class Parent (indicate class: _____). Class Parents assist in coordinating a yearly class dinner at the synagogue, and helping to organize class support in the event of a *simha* (happy occasion) or loss.

Assist in planning the ACHS Purim Fundraiser (January-March).

Chaperone on class field trips as needed.

Make runs to Costco or other suburban shopping centers for food, art supplies, etc. (as needed).

Call families in March-April to check in about the school year.

Help coordinate the ACHS *Tekes Aliyah* (closing ceremony) (May)

PARENT/GUARDIAN INFORMATION
For siblings, complete one form.

Parent/Guardian #1:

Name:

Email address:

Home phone:

Work phone:

Cell phone:

Best number at which to reach you:

Address:

City:

State

Zip

Member of Ansche Chesed?

If so, minyan affiliation?

Occupation:

Religious background:

Hebrew name, if applicable:

Parent/Guardian #2, if applicable:

Name:

Email address

Home phone:

Work phone:

Cell phone:

Best number at which to reach you:

Address:

City:

State:

Zip:

Occupation:

Religious background:

Hebrew name, if applicable:

If student's parents are divorced or separated, please complete the following:

Name of custodial parent:

If either parent has remarried, please list the name of the current spouse:

Our primary method of correspondence with you will be through email. If this is not preferable, please initial below and indicate what method of correspondence is preferred.

Class & Tuition Schedule

Class	Day & Time Meeting	Tuition for AC Members per year	Tuition for AC Members per semester*	Tuition for Non-Members per year	Tuition for Non-Members per semester
Preschool <i>(ages 3-4 years)</i>	Wednesdays, 3:45-5:00pm	\$900	\$500	\$1100	\$600

* Fall Semester: September 14-December 21, 2009; Spring Semester: January 25-May 17, 2010

Financial Need

The Ansche Chesed Hebrew School will not turn away any student due to financial need. Contact Josh Hanft, Executive Director, at 212-865-0600 x209 or at JHanft@AnscheChesed.org for confidential discussion about scholarships.

Tuition Worksheet

Student #1: _____

\$ _____

Grade _____

Scholarship Fund:

ACHS educates all children regardless of ability to pay. If you would like to give an additional, tax-deductible contribution to help cover the costs of scholarships, please add that figure here:

\$ _____

Total Tuition Due

\$ _____

If you are submitting post-dated checks, initial here: _____. Please make sure that the sum of the checks totals the amount of the complete tuition. Please date checks as follows: September 1, October 1, November 1, and December 1. Total tuition is due by December 14, 2009.

Please enclose a check made in the above amount, with "ACHS Tuition" and your child's name in the memo line, and submit along with your application. Cash payments are also accepted, as are stock transfers. Send all forms and payment to:

**The Ansche Chesed Hebrew School
251 West 100th Street, NY NY 10025**