



**OHR CHADASH RELIGIOUS SCHOOL**  
[www.ohrchadashqueens.org](http://www.ohrchadashqueens.org) 718-310-0777  
a joint program of

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

Hollis Hills 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 2016-2017**

Date \_\_\_\_\_

Member of HJC \_\_\_\_\_ ICCJ \_\_\_\_\_ HHJC \_\_\_\_\_ NON MEMBER \_\_\_\_\_

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

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

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

Public School Grade (as of Sept. 2016) \_\_\_\_\_ Public School: \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 1 Hebrew Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Parent 2 Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: (Parent 1) \_\_\_\_\_ (Parent 2) \_\_\_\_\_

Cell Phone: (Parent 1) \_\_\_\_\_ Parent (2) \_\_\_\_\_

Email: (Parent 1) \_\_\_\_\_ (Parent 2) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Please describe your child's learning strengths or weaknesses \_\_\_\_\_

\_\_\_\_\_

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

Who is designated to pick up your child? List name(s), Tel. #(s) \_\_\_\_\_

\_\_\_\_\_



The Ohr Chadash Religious School is a joint program of Hillcrest Jewish Center (HJC), Hollis Hills Jewish Center (HHJC), and Israel Center of Conservative Judaism (ICCJ) whose members receive preferential rates. We encourage you to become a member of one of the member Synagogues.

*The Ohr Chadash Religious School year is from September 11, 2016 thru June 2017 on Sundays and Wednesdays as follows:*

Katanim, Gan (Pre K- K)	Sunday - 9:00 am - 11:00 am
Shorashim (1st Grade)	Sunday - 9:00 am - 11:00 am
<u>Mechina</u> (2nd Grade)	Sunday - 9:00 am - 12:30 pm
Aleph – Hey	Wednesday 3:45 pm - 6:15 pm / Sunday 9 - 12:30 pm
Aleph (3 <sup>rd</sup> Grade)	Dalet (6 <sup>th</sup> Grade)
Bet (4 <sup>th</sup> Grade)	Hey (7 <sup>th</sup> Grade)
Gimel (5 <sup>th</sup> Grade)	
Gesher (8 <sup>th</sup> Grade +)	Sunday - 9:00 am – 12:00 pm

### TUITION SCHEDULE - 2016-2017

<u>PROGRAM</u>	<u>MEMBER HJC/HHJC/ICCJ</u>	<u>NON MEMBER</u>
Katanim,Gan, (PreK-K) Shorashim	\$ 500	\$ 600
Mechina (3 1/2 hrs.)	\$ 625	\$ 750
Aleph thru Hey	\$ 750	\$ 1,250
Gesher	\$ 350	\$ 350

- ☐ Beginning June 7, 2016, a \$100 deposit per child secures registration for the 2016 - 2017 school year.
- ☐ There is a \$25 discount for each additional sibling registered.
- ☐ Incentive for referring new students (not siblings) to Ohr Chadash is \$50 per newly enrolled student.
- ☐ Full tuition payment on or before August 1, 2016 entitles you to a 5% discount per child.



I hereby enroll my child 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 Tuition Form by returning this signed contract along with payment as follows:

**A MINIMUM PAYMENT OF \$100 MUST ACCOMPANY THE REGISTRATION FORM FOR EACH CHILD.**

1. We accept checks, cash, credit cards or money orders.
2. Terms of payment:
  - Minimum of 50% of the tuition is due September 11, 2016.
  - All tuition balances are due by December 1, 2016.
3. Parent Association Membership dues are \$36 per family, not per child, and paid once at the beginning of the school year.

There will be no partial tuition waivers for late enrollment. In extenuating circumstances refunds may be given but not in the middle of the school year. Documentation will be required.

**NOTE: NO CHILD WILL BE ALLOWED TO ATTEND SCHOOL AFTER SEPTEMBER 16, 2015 UNLESS PAYMENTS OR ARRANGEMENTS FOR PAYMENT HAVE BEEN MADE DIRECTLY WITH THE SCHOOL.**

Make all checks payable to: OHR CHADASH RELIGIOUS SCHOOL

Total Amount of Religious School Tuition \$ \_\_\_\_\_

Sibling & or Referral discount if applicable \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

5% early bird discount (if applicable) \$ \_\_\_\_\_

Parent Association Dues \$36 per family \$ \_\_\_\_\_

Total Amount of Tuition and PA dues \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

I have read the above contract and agree to all the terms.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_



## Release Form for Media Recording

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I, the undersigned, do hereby consent and agree that Hillcrest Jewish Center, Israel Center of Conservative Judaism, and Hollis Hills Jewish Center, their employees, or agents have the right to take photographs, videotape, or digital recordings of (Student name) \_\_\_\_\_ beginning on September 14, 2016 and ending on June 2017 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 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 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: \_\_\_\_/\_\_\_\_/2016

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

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

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

***Return directly or by mail to business office ICCJ; address-telephone is on Page 1.***