



WELCOME TO PLAINVIEW JEWISH CENTER  
WE'D LOVE TO GET TO KNOW YOU BETTER

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

HEBREW NAME \_\_\_\_\_ BEN/BAT \_\_\_\_\_

TRIBE (circle one):    KOHEN            LEVI            ISRAELITE

SPOUSE'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

HEBREW NAME \_\_\_\_\_ BEN/BAT \_\_\_\_\_

TRIBE (circle one):    KOHEN            LEVI            ISRAELITE

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ ANNIVERSARY DATE \_\_/\_\_/\_\_

CHILDREN:

NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

HEBREW NAME \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

HEBREW NAME \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

HEBREW NAME \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_/\_\_/\_\_

HEBREW NAME \_\_\_\_\_

EMPLOYMENT INFORMATION:

HUSBAND'S OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BUSINESS TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

WIFE'S OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BUSINESS TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

YAHRTZEIT INFORMATION

NAME OF DECEASED

DATE OF DEATH

RELATIONSHIP

1. \_\_\_\_\_ / / \_\_\_\_\_

2. \_\_\_\_\_ / / \_\_\_\_\_

3. \_\_\_\_\_ / / \_\_\_\_\_

4. \_\_\_\_\_ / / \_\_\_\_\_

5. \_\_\_\_\_ / / \_\_\_\_\_

**ARTHUR GUTMANSTEIN RELIGIOUS SCHOOL OF PLAINVIEW JEWISH CENTER**

**2023-2024 RELIGIOUS SCHOOL REGISTRATION**

**PRE-ALEPH, ALEPH and BET CLASS**

Please fill out a separate registration for each child.

**Child's Name:**

**Birthday**

**Parent #1 Name (Parent called first):**

**Email:**

**Cell Phone #:**

**Parent #2 Name:**

**Email:**

**Cell Phone #:**

**Address:**

**Home Phone #:**

**Emergency Phone #:**

**Relation to Student:**

Please circle your child's class for the 2023-2024 School Year: Pre-Aleph (Kindergarten); ; Aleph (1<sup>st</sup> Grade); and Bet (2<sup>nd</sup> Grade).

To better assist us in understanding your child, please answer the following questions: (use the other side of this sheet if you need more space.) The more complete your answers, the better we can work together. All information that you provide is strictly confidential.

**1. Describe a successful learning environment for your child:**

**2. Describe your child's learning strengths:**

**3. Are there any special situations at home? Please explain.**

**4. Does your child have any learning/behavioral challenges that impact his/her learning?**

**Has your child ever had an educational or behavioral profile/evaluation, etc?**

**5. Does your child take any medication? Please explain.**

**6. Does your child have any allergies? Please explain.**

**7. Does your child require hearing and/or sight devices to assist in his/her learning? Please explain.**

**8. What else would you like us to know about your child?**

ARTHUR GUTMANSTEIN RELIGIOUS SCHOOL OF PLAINVIEW JEWISH CENTER  
95 FLORAL DRIVE WEST  
PLAINVIEW, NY 11803

**Early Pick-Up & Emergency Contact Form – 2023-2024**

This form gives your permission for others to pick up and drop off your child(ren) from Religious School **during regular school hours** and provides emergency contact info during school hours:

Child #1 Name \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Phone Numbers where you may be reached during school hours. We will call the numbers in the order listed below.

Adult #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Adult #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Name(s) of persons with permission to take my child(ren) out of class:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student

4. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to student

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ARTHUR GUTMANSTEIN RELIGIOUS SCHOOL**

**STUDENT PHOTOGRAPHS, VIDEOS, AND/OR SOUND  
RECORDINGS OPT-OUT – 2023-2024**

*Instructions: Please complete all sections of this Opt-Out Form and return the signed form to the Religious School Office along with your Registration Forms..*

Student Name \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_

A parent may withhold permission to have a student photographed, videotaped, and/or audiotaped during school-sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt-out, my child will not be included in pictures taken by school staff, students, or anyone outside the school, including commercial photographers and the media.

*Note: this does not include videotaping by security cameras in school or on school buses.*

If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign.

**I DO NOT** allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

ARTHUR GUTMANSTEIN RELIGIOUS SCHOOL OF PLAINVIEW JEWISH CENTER

95 FLORAL DRIVE WEST, PLAINVIEW, NY 11803

2023-2024 RELIGIOUS SCHOOL

Please enclose \$25.00 Per Child/ Per Teacher in CASH for holiday and end of year gifts with this form.

Name of Child: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade your child is in: \_\_\_\_\_

Thank you so much for your support to our amazing teachers.