Hebrew School Registration Form

154 Sunset Avenue, Westhampton Beach NY 11978 | 631-288-0534 ext. 220
ChildrensCenter@thehamptonsynagogue.org

Sundays and Wednesdays, Ages 4 – 11
October 18, 2026 – May 16, 2027 (Sundays & Wednesdays)

Student Information

☐ M ☐ F

FIRST NAME | LAST NAME | DATE OF BIRTH | GENDER

ADDRESS | CITY | STATE | ZIP

SCHOOL NAME AND GRADE

PARENT/GUARDIAN 1: NAME | EMAIL | CELL PHONE

PARENT/GUARDIAN 2: NAME | EMAIL | CELL PHONE

ALLERGIES / HEALTH RESTRICTIONS | MEDICATIONS TAKEN/REASON FOR MEDICATIONS

PHYSICIAN'S NAME | ADDRESS | PHONE

IEP, SPECIAL SERVICES RECEIVED AT SCHOOL

Schedule Selection & Fee

Please check for which option you are registering.

	DAYS	DAY & TIME	FEE (for the year)
☐	SUNDAYS ONLY	10:00-11:30AM,	$750
☐	SUNDAYS & WEDNESDAYS	SUNDAY 10:00-11:30AM, WEDNESDAY 4:30-5:30PM	$1,000

Emergency Contacts/Authorized Pick Up People

Please list those who may pick up your child and serve as emergency contacts, in addition to the Parents/Guardians listed above.

FIRST NAME | LAST NAME | CELL PHONE | RELATION TO STUDENT

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Register Today! Please complete both sides of this application and return it along with your child's medical form, by mail, email to ChildrensCenter@thehamptonsynagogue.org, or fax: 631-288-4529.

continued on reverse

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Please share any other information you'd like us to know about your child:

_____

_____

_____

_____

Liability Waiver, Assumption of Risk and Release, and Other Terms and Permissions

Please sign below.

By signing below, I agree that I am the parent or legal guardian of above-named student and hereby give permission for him/her to participate in The Hampton Synagogue Hebrew School. We agree to abide by all program and other synagogue rules and regulations, which now exist or which may be hereafter adopted or amended by The Hampton Synagogue ("THS"), including providing THS with medical forms and records of immunization upon request. THS shall not be liable for any personal injuries, property theft or damage, or other loss sustained by my child, off, on or about the premises of THS, or arising out of the use of any facilities, equipment or other property of THS. I hereby further declare my child to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in THS Hebrew School programs, services and activities. In case of accident or injury to my child, and if an emergency contact person cannot be reached, I grant THS permission to obtain medical attention for my child, if necessary, for which I will be financially responsible. THS reserves the right to cancel this contract at any time, at its sole discretion. I understand and agree that THS retains the rights to any photographs or video taken of the named participant at THS facilities or at off-site THS programs or events, to be used for THS publicity, marketing, social media and advertising.

_____
PARENT/GUARDIAN SIGNATURE DATE

_____
PRINT NAME

Payment Information

CREDIT CARD

☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

_____
CARD NUMBER EXPIRATION

☐ **Yes, I would like 100% of my Hebrew School registration fee to go to THS by adding 3% to cover the credit card transaction fee.**

☐ Check here to make this your guaranteed form of payment on file.

CHARGE TO ACCOUNT

☐ I understand that I need a guaranteed form of payment on file, and I authorize THS to use it for payment(s) due.

CHECK OR CASH

☐ Check # _____ ☐ CASH AMOUNT: $_____

TOTAL AMOUNT:

$_____

Payment Terms

I agree to pay The Hampton Synagogue, in full, upon filing this application. **All fees are non-refundable.** I understand that no refund or adjustment will be made for absences, including but not limited to, illness, vacation, or failure to provide a medical form.

_____
PARENT/GUARDIAN SIGNATURE

_____
PARENT/GUARDIAN NAME (PRINT)

_____
DATE

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HAMPTON SYNAGOGUE
RABBI MARC SCHNEIER COMMUNITY CENTER
FOUNDED 1990

Hebrew School Calendar — 2026–2027

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October 2026

תשרי – חשון תשפ"ז

Tishrei / Cheshvan 5787

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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11 30 Tishrei Rosh Chodesh	12 1 Cheshvan COLUMBUS DAY Rosh Chodesh	13 2 Cheshvan	14 3 Cheshvan	15 4 Cheshvan	16 5 Cheshvan 5:55	17 6 Cheshvan Shabbat Ends 6:54 NOACH
18 7 Cheshvan	19 8 Cheshvan	20 9 Cheshvan	21 10 Cheshvan	22 11 Cheshvan	23 12 Cheshvan 5:45	24 13 Cheshvan Shabbat Ends 6:44 LECH LECHA
25 14 Cheshvan	26 15 Cheshvan	27 16 Cheshvan	28 17 Cheshvan	29 18 Cheshvan	30 19 Cheshvan 5:36	31 20 Cheshvan Shabbat Ends 6:35 VAYEIRA

Candle Lighting Time is for New York City only – Eastern Daylight Saving Time

October 2026

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October
18, 21, 25, 28

November
1, 4, 8, 11, 15, 18, 22, 29
No school on the 25th

December
2, 6, 9, 13, 16, 20
No school 23, 27, 30

January
6, 10, 13, 20, 24, 27, 31
No school 3, 17

February
3, 7, 10, 17, 21, 24, 28
No school the 14th

March
3, 7, 10, 14, 17, 21, 24, 31
No school the 28th

April
4, 7, 11, 14, 18
No school 21, 25, 28

May
2, 5, 12, 16 (last day)
No school the 9th

October 2026

תשרי – חשון תשפ"ז

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= School is open

= School is closed