**THE DIX HILLS JEWISH CENTER RELIGIOUS SCHOOL**
**REGISTRATION FORM 2026-2027**
**dixhillshebrew@yahoo.com 631-499-6644**

**Dear Parents of Hay (Fifth Grade) Students,**
**Shalom!**

It's time again to think about registration for the **2026-2027** Religious School year in order to ensure your child's placement in a class. Be sure not to get closed out, as classes tend to fill up fast and early. We have streamlined the procedure to make it as easy as possible for you to register your child.

**Kita Hay (5th Grade)** will meet on **Monday/Wednesday** from **4:30-6:30 PM.** Early return of this form with proper payment is **the only way** to be registered for the class.

Procedure:

1) Return this form to **the Synagogue Main Office** together with a check made out to Dix Hills Jewish Center.
2) **Once payment and form are received, your child will be registered for the class you indicated on the form**.
3) The school office will contact you if the class is full.
4) During the summer, all the information about the upcoming school year will be emailed.

**Tuition for the Hay Program is: $1,400.00 (**$1,350.00 2nd child):
**$700.00 non-refundable deposit per child is due at registration. $350.00 will be due September 1st. Balance is due NO LATER than January 15, 2027.**
*If you have any questions, please feel free to call the Office at 631-499-6644.*

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**Kita Hay (2026-2027)** Monday/Wednesday **D.O.B.** _____

Child's Name _____/ _____/_____
(Print Last Name) (First Name) (Hebrew Name)

Parents' Names _____

Address: _____

Cell: _____Name:_____

Cell: _____Name:_____

**E-mail: _____ (a must!)**

Public School child attends: _____

Does your child have any food allergies? _____

Are there any special learning or behavior issues or IEP's we should be aware of for your child? _____

I consent to having my phone number shared with the class parent for the purpose of class communications: ☐ Yes ☐ No

I give permission for photos of me/my child to be used on DHJC social media platforms:
☐ Yes ☐ No

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