

TEMPLE SHALOM RELIGIOUS SCHOOL REGISTRATION ☆ 2008-2009 ☆ 5769

Religious School Fees	MEMBER			NON-MEMBER			
	Grade	School Fee	Material Fee	TOTAL	School Fee	Material Fee	TOTAL
Grades Pre-K-1		\$ 455	\$ 75	\$ 530	\$ 750	\$ 75	\$ 825
Grades 2-3		\$ 455	\$ 75	\$ 530	\$ 850	\$ 75	\$ 925
Grades 4-6 - Sunday and Hebrew		\$ 850	\$ 100	\$ 950			
Grade 7 - Sunday and Hebrew		\$ 935	\$ 100	\$1,035			
Chai School, Grades 8 & 9		\$ 575	\$ 75	\$ 650			
Confirmation, Grade 10		\$ 900	\$ 75	\$ 975			
Post-Confirmation, Grades 11 & 12		\$ 130	\$ 45	\$ 175			

REGISTRATION INSTRUCTIONS:

1. Please **WRITE EACH CHILD'S** name and the grade they will be in Religious School in 2008-2009.

2. Please **CHECK THE BOX** for the day and time you prefer.

All dates and times are subject to enrollment. We will notify families should there be changes in the class schedule.

Student Name Rel. School Grade in fall, 2008	Grade Pre-K Sunday Early 8:45-10:45	Grades K-6 Sunday Early 8:45-10:45 Late 11:15-1:15	Grade 7 Sunday Late 11:15-1:15 Eve 6:30-8:30	Chai School Grades 8 & 9 Sunday Eve 6:30-8:30	Confirmation Grade 10 Sunday Eve 6:30-8:30 Wed. 6:45-8:15	Post-Con Grades 11 & 12 2 Sundays p/month Eve 6:30-8:00	Hebrew Alef-Dalet Grades 4-7 Tuesday 4:30-6:00	OR Hebrew Alef-Dalet Grades 4-7 Wednesday Afternoon 4:30-6:00 Evening 6:45-8:15	TOTAL FEES
	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Student name Grade in 2008-09	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Student name Grade in 2008-09	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Student name Grade in 2008-09	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Student name Grade in 2008-09	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Student name Grade in 2008-09	<input type="checkbox"/>	<input type="checkbox"/> 8:45 <input type="checkbox"/> 11:15	<input type="checkbox"/> 11:15 <input type="checkbox"/> 6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4:30 <input type="checkbox"/> 6:45	
Sub-Total for all Children Enrolled									
Sibling Discount - \$25 reduction for each younger sibling									-
Late Fee - Add \$36 per child after June 30, 2008									+
TOTAL School Fees for 2008-2009									
Please enclose your deposit check of \$125 per child made out to Temple Shalom - - Amount Enclosed									

Office Use Only	
Date	Time

MEMBERS will be billed for all remaining funds based upon your billing cycle.

NON-MEMBERS - All fees must be paid in full by July 30, 2008

Temple Shalom Religious School Registration Form
Student personal profile
One form per student

PLEASE FILL-IN ALL INFORMATION

Student's Last Name: _____ **First Name:** _____

Hebrew Name: _____

Gender: _____ **Birth date:** _____ **Current Age:** _____

Grade in secular/day school, Fall, 2008: _____ **Name of school:** _____

Student's Primary Street Address: _____

City: _____ **State:** _____ **Zip** _____

If student resides at more than one residence, please explain. _____

Student's email address : (where applicable) _____

Parent/Guardian Information:

1. Parent Full Name

E-mail: _____

Home: _____

Work: _____

Cell: _____

Other: _____

Address if different from the student: _____

2. Parent Full Name

E-mail: _____

Home: _____

Work: _____

Cell: _____

Other: _____

Address if different from the student: _____

Medical Information:

Physician's Name: _____ **Telephone Number:** _____

Insurance company: _____ **Policy#:** _____

Emergency Contact Information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child:

Name 1: _____ **Relationship to child:** _____

Telephone Number(s): _____

Name 2: _____ **Relationship to child:** _____

Telephone Number(s): _____

Please Fill-in Below - It is important for us to have up-to-date information to meet any needs your child may have.

Please list any allergies, medications or health issues we should be aware of: _____

Please tell us about any special needs we should be aware of: _____

Should there be a medical emergency and I cannot be contacted, I authorize Temple Shalom Religious School to obtain immediate medical care for my child, _____

Parent Signature _____ Please Print Parent Name _____