

Office Use Only	
Date _____	Time _____

REGISTRATION INSTRUCTIONS:

In the place indicated for each child, please **WRITE THE GRADE** for Religious School in 2010-2011.

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

All dates and times are subject to enrollment with a minimum enrollment of 10 students per class. We will notify families should there be changes in the class schedule.

Religious School Fees

Grade	MEMBER - subsidized fees			NON-MEMBER - unsubsidized fees		
	School Fee	Material Fee	TOTAL	School Fee	Material Fee	TOTAL
Grades Pre-K-1	\$ 480	\$ 75	\$ 555	\$ 775	\$ 75	\$ 850
Grades 2	\$ 480	\$ 75	\$ 555	\$ 875	\$ 75	\$ 950
Grade 3, Sunday and Hebrew	\$ 840	\$ 100	\$ 940	\$1,235	\$100	\$1,335
Grades 4-6 - Sunday and Hebrew	\$ 875	\$ 100	\$ 975			
Grade 7 - Sunday and Hebrew	\$ 760	\$ 100	\$ 860	Grade 7 Hebrew Fall semester only, optional Spring Hebrew@ \$115.00		
Chai School, Grades 8 & 9	\$ 600	\$ 75	\$ 675	All students must register for CHAI School, please see enclosed brochure for CHAI choices		
Confirmation, Grade 10	\$ 965	\$ 75	\$ 1040			
Post-Confirmation, Grades 11 & 12	\$ 155	\$ 45	\$ 200			

Parent Name _____

Student First & Last Name _____

Religious School Grade fall, 2010 _____

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 6:00-8:00	CHAI School Grades 8 & 9 See brochure for choices and times.	Confirmation Grade 10 Sunday 6:00-8:00	Post-Con Grades 11&12 2 Sundays/month 6:30-8:00	Hebrew Alef-Dalet Grades 3-7 choose one day Tuesday Wednesday 4:30-6:00 OR 4:30-6:00 <small>See attached</small>	TOTAL FEES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student name _____	Grade in 2010-11 _____	8:45	11:15	11:15	6:00		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student name _____	Grade in 2010-11 _____	8:45	11:15	11:15	6:00		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student name _____	Grade in 2010-11 _____	8:45	11:15	11:15	6:00		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student name _____	Grade in 2010-11 _____	8:45	11:15	11:15	6:00		

Sub-Total for all Children Enrolled _____

Sibling Discount: \$25 reduction for each younger sibling _____
(Temple members only)

Grade 7 Spring Hebrew - \$115 _____

Late Fee-Add \$36 per family after June 30, 2010 _____

TOTAL School Fees for 2010-2011 _____

Amount Enclosed, _____
\$150 deposit for each child _____

Please enclose your deposit check of \$150 per child made out to Temple Shalom

\$150 Deposit includes \$25 per child non-refundable processing fee. All other fees are refundable until August 1. There are no refunds after August 1 due to purchase of supplies & materials. Should the fees present a difficulty, please don't hesitate to send in your forms so we may place your children in classes. Please contact Lisa Pressman to make financial arrangements.

MEMBERS will be billed for all remaining funds.

NON-MEMBERS: All fees must be paid in full by July 30, 2010

Temple Shalom Religious School
Emergency Information Sheet - One form per family
PLEASE UPDATE ALL INFORMATION AND FILL-IN WHERE NEEDED

Child 1: Last Name: _____ **First Name:** _____ **Gender:** _____ **Birthdate:** _____

Current Age: _____ **Grade in secular/day school, Fall, 2010:** _____ **Name of school:** _____
Allergies and health issues _____

Education issues, IEP or gifted _____

Child 2: Last Name: _____ **First Name:** _____ **Gender:** _____ **Birthdate:** _____

Current Age: _____ **Grade in secular/day school, Fall, 2010:** _____ **Name of school:** _____
Allergies and health issues _____

Education issues, IEP or gifted _____

Child 3: Last Name: _____ **First Name:** _____ **Gender:** _____ **Birthdate:** _____

Current Age: _____ **Grade in secular/day school, Fall, 2010:** _____ **Name of school:** _____
Allergies and health issues _____

Education issues, IEP or gifted _____

Child 4: Last Name: _____ **First Name:** _____ **Gender:** _____ **Birthdate:** _____

Current Age: _____ **Grade in secular/day school, Fall, 2010:** _____ **Name of school:** _____
Allergies and health issues _____

Education issues, IEP or gifted _____

Primary Home Street Address: _____

If any students reside at more than one residence, please explain. _____

Parent/Guardian Information: _____

Child resides with _____ **Mother** _____ **Father** _____ **Both** _____ **Other** _____

1. Parent 1 name _____ **2. Parent 2 name** _____

E-mail: _____ **E-mail:** _____

Home: _____ **Home:** _____

Work: _____ **Work:** _____

Cell: _____ **Cell:** _____

Other: _____ **Other:** _____

Address if different from the student's: _____

Medical Information: _____

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

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

See on reverse 

Temple Shalom 5771 ✪ 2010-2011

This form may be used for all students enrolling in the Religious School.

Emergency Contact Information:

In the event of an emergency, when I am unable to be notified, I give permission for the best available medical treatment to be administered to my children. Should my child become ill or should there be a civil defense emergency or natural disaster, and a parent or guardian cannot be reached, please notify one of the following whom I authorize to pick up my child(ren).

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

Telephone Number(s): _____

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

Telephone Number(s): _____

I authorize the Temple Shalom Religious School to obtain immediate medical care for my children should there be a medical emergency and I cannot be reached.

Parent Signature _____ Please Print Parent Name _____ Date _____

Midweek Class Time Survey

Dear Parents,

We are trying to be responsive to our families needs. Please let us know below if a different time for midweek Hebrew would be better for your family. Classes are 1.5 hours long. Please check the times that work for you:

_____ 4:00-5:30 pm

_____ 4:30-6:00 pm

_____ 5:00-6:30 pm

Thank you for replying to this survey.

Media Release Permission Form for 5771 ✪ 2010-2011

Occasionally we may supply information to the local community newspapers or post pictures on our website about programs in which Religious School students participate. No names will ever be used when we release photos to the press or to our website. Please let us know whether we may include your child(ren).

- I give permission to publish photographs of my child(ren) in connection with Religious School activities.
- I withhold permission to publish photographs of my child(ren) in connection with Religious School activities.

Please Print Parent Name _____

Parent Signature _____ Date _____

Temple Shalom Address Book

Each year we publish a Temple Shalom Address Book which lists all families, address and phone information. We would also like to include classroom lists for our parents. We would like your permission to use your children's names on a grade level class list. Please let us know whether we may include your child(ren).

- I give permission to publish my children's names in a Temple directory by class.
- I withhold permission to publish my children's names in a Temple directory by class.

Please Print Parent Name _____

Parent Signature _____ Date _____