

TEMPLE SHALOM RELIGIOUS SCHOOL REGISTRATION SHEET ☆ 2011-2012 ☆ 5772

Office Use Only	
Date _____	Time _____

REGISTRATION INSTRUCTIONS:

In the place indicated for each child, please **WRITE THE GRADE** for Religious School in 2011-2012. 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 - non-subsidized fees	
	School Fee	Material Fee	School Fee	Material Fee
Grades Pre-K-1	\$515	\$75	\$810	\$75
Grades 2	\$515	\$75	\$910	\$75
Grade 3, Sunday and Hebrew	\$910	\$100	\$1,270	\$100
Grades 4-6 - Sunday and Hebrew	\$910	\$100		\$1,370
Grade 7 - Sunday and Hebrew	\$795	\$100		
Chai School, Grades 8 & 9	\$635	\$75		
Confirmation, Grade 10	\$1,000	\$75		
Post-Confirmation, Grades 11 & 12	\$190	\$45		

TOTAL \$590 \$590 \$1,010 \$1,010 \$895 \$710 \$1,075 \$235

Grade 7 Hebrew Fall semester only, optional Spring Hebrew @ \$115.00
All students must register for CHAI School, please see enclosed brochure for CHAI choices

Parent(s) Full Name(s)

Student First & Last Name

Religious School Grade fall, 2011

Grade Pre-K Sunday Early 8:45-10:45	Grades K-6 Sunday Early 8:45-10:45 Late 11:15-1:15 check one below	Grade 7 Sunday Late 11:15-1:15 Eve 6:00-8:00 check one below	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 4:30-6:00 OR Wednesday 4:30-6:00	TOTAL FEES
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Student name	Grade in 2011-2012	<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 2011-2012	<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 2011-2012	<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 2011-2012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, 2011 + _____

TOTAL School Fees for 2011-2012 _____

Amount Enclosed _____

Please enclose your deposit check of \$150 per child, made out to Temple Shalom or your child WILL NOT BE REGISTERED.

\$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 Susan Zemsky to make financial arrangements.

MEMBERS will be billed for all remaining funds. Please contact Susan Zemsky for all billing questions.

NON-MEMBERS: All fees must be paid in full by July 29 2011.

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, 2011: _____ 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, 2011: _____ 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, 2011: _____ 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, 2011: _____ 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 5772 ☆ 2011-2012

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): _____

Name 3: _____ **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 _____

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** _____

Media Release Permission Form for 5772 ☆ 2011-2012

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** _____