



TEMPLE SHIR TIKVAH
School Registration Form – School Year 2018-19

Grades 1-12 are open to Temple members only. (To become a member, contact the Temple office.) Pre-k and kindergarten (EJL) are open to non-member families on a space available basis with priority enrollment given to Temple members. Class space will be reserved only upon receipt of a registration form and deposit. Registration deadline for the school year 2018-19 is May 25, 2018.

Please complete ALL information. You may register up to 3 students with this form.

STUDENT INFORMATION

Child #1: Last Name First Name Gender Date of Birth Hebrew Name
School School Grade (2018-19) Religious School Grade (2018-19)

Child #2: Last Name First Name Gender Date of Birth Hebrew Name
School School Grade (2018-19) Religious School Grade (2018-19)

Child #3: Last Name First Name Gender Date of Birth Hebrew Name
School School Grade (2018-19) Religious School Grade (2018-19)

PARENT INFORMATION

Parent #1: Name Address (Street, City, Zip Code)
Home Phone Cell Phone Work Phone
Email Address

Parent #2: Name Address (Street, City, Zip Code)
Home Phone Cell Phone Work Phone
Email Address

EMERGENCY CONTACT INFORMATION

List two people we may contact when parents cannot be reached.

Name	Relationship to child	Phone
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Name	Relationship to child	Phone
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SPECIAL REQUESTS

You may request that your child be placed in class with 2 friends. (Please note that we may not be able to fulfill all requests.)

Child #1: _____

Child #2: _____

Child #3: _____

MEDICAL RELEASE, BEHAVIOR POLICY AGREEMENT, AND PHOTO RELEASE

Read and initial each item.

Field Trips: I give my child(ren) permission to attend any field trips taken during the school year. I understand that I will receive notice of each field trip. Initial _____

Medical Release: I authorize Temple Shir Tikvah Religious School to take measures deemed necessary to seek or administer medical treatment for my child(ren) in the event of emergency. This authorization applies to incidents at the school and/or on field trips. Initial _____

Behavior Policy: Appropriate and respectful classroom behavior is critical for ensuring a positive experience for all children. In the case of a child who is not able to function cooperatively in class, consideration will be given to an alternative placement in consultation with parents, teachers, and the educational director. Initial _____

Photo Release: I hereby grant to Temple Shir Tikvah, and to its officers, employees, agents and assigns, the right to photograph my dependent(s) and to use the photo and/or digital reproduction of him/her, or other reproduction of his/her physical likeness, for publication processes, whether electronic, print, digital or electronic publishing via the Internet. Initial _____

QUESTIONS?

Our goal at Temple Shir Tikvah is to provide a rich and meaningful religious school experience for your child. If you need to speak with our Education Director, Bailee Star, about your child attending our school, please contact the Temple office at (781)-729-1263.

TUITION PAYMENT AND REFUND POLICY

A \$300 per child tuition deposit is due upon registration. An invoice for the tuition balance will be sent to you before the school year begins. The balance of the school tuition must be paid in-full before the first day of school to ensure enrollment.

School deposits and tuition payments are fully refundable if registration is withdrawn before the end of the fourth week of school. After this time, one-half of the amount paid is refundable until the end of January. In the event of later withdrawals, no refund will be made. Refunds will be applied first to dues owed then to other obligations to the Temple.

TUITION SCHEDULE: SUBJECT TO APPROVAL AT MAY 2018 ANNUAL MEETING

Religious School Tuition	Annual Member's Tuition	Annual Non-Member's Tuition
EJL (Parents, Pre-K and Kindergarten)	\$480 (\$240 per additional child)	\$480 (\$240 per additional child)
Lower School (Grades 1-3)	\$685	N/A
Upper School (Grades 4-6)	\$940	N/A
Grade 7	\$770	N/A
High School (Grades 8-12)	\$300	N/A

PAYMENT METHOD - CHECK OR CREDIT CARD

Payment Amount: _____

Indicate payment method.

Check (Payable to Temple Shir Tikvah) or Credit Card Payment: Visa MasterCard Discover

Account Number: _____ Expiration date: ____/____/____ Security Code: _____

Name, as it appears on your card: _____

Signature: _____ Date: ____/____/____

Mail or FAX this form and payment information to:

Temple Shir Tikvah
34 Vine Street
Winchester, MA 01890
FAX: (781)-729-1363

FINANCIAL QUESTIONS?

If you have financial concerns or payment questions, please contact Dan Levin, Treasurer at treasurer@shir-tikvah.org or Linda Singer-Berk, Director of Administration at linda@shir-tikvah.org.

STUDENT PROFILE

STUDENT'S NAME _____ GRADE _____ DATE _____

1 If your child is new to Shir Tikvah's religious school, please indicate if your child previously attended another religious school, the name of school and the time period.

2 What are your goals in enrolling your child(ren) in TST religious school? (e.g., Hebrew, Torah teachings, Jewish values, prayer, Bar/Bat Mitzvah, social connections)

3 What information is important for teachers to know when working with your child?

4 Please describe any support services your child receives in or out of school (IEP, 504(b), special education, private therapist, etc.) and check any box that applies to your child.

- | | |
|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Physical Disability/Cerebral Palsy |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Speech/Language Disability |
| <input type="checkbox"/> Conduct/Oppositional Defiant Disorder | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental/Cognitive Delay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional/Behavioral Disorder | |
| <input type="checkbox"/> Diabetes | |

If you checked any of the above, please use a separate sheet of paper to give more details. Please provide a copy of any relevant test results, reports and/or educational plans (e.g., IEP, 504 (b)).

5 Would you like a follow-up phone call to discuss your child's needs? YES NO

Print name and relationship

Provide Signature