



BlockFamily Religious School Registration Form 2018 – 2019

\$60 deposit per child is required to complete Registration. Deposit includes Kiddush Lunch/Activity Fee

Gan Kitanim (Ages 2 & 3)

I am registering ___ child(ren) for Religious School (Sunday 10:30 am – 11:30 am)

___ **FREE**

Child's Name _____

SUB TOTAL = _____

Pre-K – 2nd Grade

I am registering ___ child(ren) for Religious School (Sunday 9:50 am – 12:30 pm)

___ **Members: \$50.56 per month** for 9 months = \$455 each

___ **Nonmembers: \$70.56 per month** for 9 months = \$635 each

Child's Name _____

SUB TOTAL = _____

3rd - 6th Grade

I am registering ___ child(ren) for Religious School

(Sunday 9:50 am – 12:30 pm and Wednesday 6:30 pm – 8:00 pm)

___ **Members: \$71.67 per month** for 9 months = \$645 each

___ **Nonmembers: \$91.67 per month** for 9 months = \$825 each

Child's Name _____

SUB TOTAL = _____

7th Grade

I am registering ___ child(ren) for Religious School

(Wednesday 6:30 pm – 8 pm)

\$50.56 per month for 9 months = \$455 each

Child's Name _____

SUB TOTAL = _____

PARTY-8th – 12th Grade

I am registering ___ child(ren) for Religious School (Wednesday 6:00 pm – 8:00 pm)

\$40.00 per month for 9 months = \$360 each (*Contact Administrator for eligibility of up to \$110 for a PARTY trip*)

*Temple membership or Teen Membership required

Child's Name _____

SUB TOTAL = _____

___ ***My student qualifies for the 1st year tuition discount(member only) -\$100***

TOTAL = _____

**Nonmember registration for Gan Kitanim through Grade 6 is available for one school year only. Membership required for registration the next school year.*

FOR BILLING OPTIONS SEE BELOW:

Check one option:

____ Enclosed is a check for the full amount of \$_____

____ Enclosed is my deposit of \$_____. Please bill the remainder and I will pay 9 monthly installments of \$_____ over the next 9 months on the following credit/debit card (Card must be valid through the end of May 2019)

Card Number _____ **Exp** _____
CSV _____

____ Enclosed is a check for the partial amount of \$ _____
Please bill me for the remainder and I will pay within the next 3 months in 3 monthly installments.

____ I am requesting a partial scholarship and have attached a request to this form or have written my request in the space below. Scholarships are only available to Temple members. **(Please state amount of scholarship requested: \$_____.)**

Parent Signature

Date

Please note that the \$60 deposit is not included in scholarship amount

Scholarship Amount Requested:_____

Block Family Religious School and PARTY Registration Form 2018 - 2019

Today's Date: _____

I am currently a full member of Temple Israel in good standing.

Our Contact and emergency information is the same as last year

Parent signature _____

I am registering the following children:

1. **Name:** _____ Hebrew Name _____

First Middle Last

My child does not have a Hebrew Name but I would like them to.

Age: ____ Birthday: _____ Grade in School: ____ Grade for Religious School: ____

MEDICAL- Please list Allergies, learning difficulties, medications pertaining to your child:

2. **Name:** _____ Hebrew Name _____

First Middle Last

My child does not have a Hebrew Name but I would like them to.

Age: ____ Birthday: _____ Grade in School: ____ Grade for Religious School: ____

MEDICAL- Please list Allergies, learning difficulties, medications pertaining to your child:

3. **Name:** _____ Hebrew Name _____

First Middle Last

My child does not have a Hebrew Name but I would like them to.

Age: ____ Birthday: _____ Grade in School: ____ Grade for Religious School: ____

MEDICAL- Please list Allergies, learning difficulties, medications pertaining to your child:

4. **Name:** _____ Hebrew Name _____

First Middle Last

My child does not have a Hebrew Name but I would like them to.

Age: ____ Birthday: _____ Grade in School: ____ Grade for Religious School: ____

MEDICAL- Please list Allergies, learning difficulties, medications pertaining to your child:

Complete contact information only if there is a change or new to BFRS

Parent/s Name: _____

Address: _____

City and Zipcode: _____

Home Phone #: _____

Work #: _____

Cell Phone# _____

Profession: _____

Email Address: _____

Please indicate with an * your preferred contact number and/or email address

BFRS REQUIRES AT LEAST 1 EMERGENCY CONTACT FOR EACH STUDENT

Emergency Contact- Relationship & Phone Number: (if parents can't be reached)

1. _____

2. _____

Are both parents Jewish? _____ If not, which parent is Jewish? _____

Are there any family circumstances that would affect your child(ren)'s learning of which we should be informed?

Medical Insurance

Policy Name: _____

Policy Number: _____

Child's Doctor's Name: _____

Phone Number: _____

Media Release- Select one

_____ I hereby grant the Block Family Religious School at Temple Israel, its agents and assigns, permission to use my child's/children's photo or video, and likeness for the following, but not limited to, photographs, website, facebook, marketing or advertising, for an indefinite period of time.

_____ I do not give my permission to use my child's/children's photo or video, and likeness for any purpose.

Release of Liability and Covenant not to Sue

I, _____ (parent/guardian), on behalf of my minor child _____ and any other parent or guardian, any personal representatives, heirs, and next of kin, hereby release Temple Israel and its agents, employees and/or officers and Board of Directors from any liability of personal injury, death, or property damage through my child's participation in the Temple Israel **Block Family Religious School** Program. I am fully aware, understand and acknowledge that my child(ren) will be involved in physical activities, both outside and indoors, during school, including but not limited to playground activities, gymnasium activities, and arts and crafts that my child will engage in that may result in physical injury. I understand and acknowledge that these activities have inherent risks associated with them, and I knowingly assume those risks, release and covenant not to sue Temple Israel for any liability whatsoever resulting from my child's participation in the activities of the school. In the event of an injury, I consent to emergency medical attention for my child.

The undersigned hereby agrees to indemnify and save and hold harmless Temple Israel from any loss, liability, damage, or cost that may occur as a result of my minor child's participation in the school. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of Temple Israel or otherwise while in, about, or upon the premises of Temple Israel.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing writing agreement have been made.

Signed this ____ day of _____, 2018/19

Parent/Guardian printed name _____

Parent/Guardian signature _____

Participant name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____