



Paul B. Anton Religious School

2021 - 2022 RELIGIOUS SCHOOL REGISTRATION FORM

Parent#1 Full Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

Parent#2 Full Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

STUDENT INFORMATION

STUDENT #1 FULL NAME _____ Date of Birth _____ Male Female

Student's Hebrew Name _____ Parent#1 Hebrew Name _____ Parent#2 Hebrew Name _____
Grade entering upcoming year _____ Last Religious School Grade Completed _____
Name of your child's school attended during the day _____

STUDENT #2 FULL NAME _____ Date of Birth _____ Male Female

Student's Hebrew Name _____ Parent#1 Hebrew Name _____ Parent#2 Hebrew Name _____
Grade entering upcoming year _____ Last Religious School Grade Completed _____
Name of your child's school attended during the day _____

STUDENT #3 FULL NAME _____ Date of Birth _____ Male Female

Student's Hebrew Name _____ Parent#1 Hebrew Name _____ Parent#2 Hebrew Name _____
Grade entering upcoming year _____ Last Religious School Grade Completed _____
Name of your child's school attended during the day _____

STUDENT #4 FULL NAME _____ Date of Birth _____ Male Female

Student's Hebrew Name _____ Parent#1 Hebrew Name _____ Parent#2 Hebrew Name _____
Grade entering upcoming year _____ Last Religious School Grade Completed _____
Name of your child's school attended during the day _____

CHILD(REN) MAY BE PICKED UP FROM RELIGIOUS SCHOOL BY:

1. _____
Name Home Phone Cell Phone Relationship

2. _____
Name Home Phone Cell Phone Relationship

EMERGENCY CONTACT INFORMATION FOR MY CHILD(REN)

1. _____
Name Home Phone Cell Phone Relationship

2. _____
Name Home Phone Cell Phone Relationship

3. _____
Name Home Phone Cell Phone Relationship

MEDICAL EMERGENCY TREATMENT CONSENT

Please note that in the unlikely event of an emergency, it is Temple Sinai Policy to contact 911. Should it seem necessary, EMS will determine the appropriate facility to which to transport your child. We will make every effort to contact you AFTER 911 has been called.

I, _____ (print name) the parent/legal guardian of _____ a minor in grade _____, attest that the information provided on this form is accurate, and I give permission for my child, named above, to participate in all activities except noted otherwise. I authorize the Temple Sinai Religious School staff to consent, in my absence, to medical treatment and/or hospital care to be rendered to my child under the supervision and upon the advice of a licensed physician. This authorization is effective for the 2018-19 school year. I understand that the Temple Sinai Religious School Staff will obtain the appropriate care for my child and will be notified. I understand the primary financial responsibility for such care belongs to me as a parent/legal guardian.

Parent's Signature: _____ Date _____

Name of Health Insurance Company _____

Policy # _____

Personal Physician: _____ Phone # _____

Primary Dentist: _____ Phone # _____

Date of Child's last Tetanus Booster: _____

CONFIDENTIAL MEDICAL AND SCHOLASTIC INFORMATION

Please inform us of any allergies and/or medical issues that may impact your child during our school hours:

	Medical Issue	EpiPen	Inhaler
Child #1 Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child #2 Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child #3 Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child #4 Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Below, please assist us in listing important and helpful information (social, emotional, learning, etc) about your child that might be valuable for his/her teacher.

Does your child have any special learning needs i.e. diagnosis etc?

Does your child receive any special services in secular school, such as an I.E. P., special education classes, resource room program, tutoring or other services? If yes, please explain in some detail.

Is there anything else you would like us to know about your child (areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

Child #1 Name _____

Child #2 Name _____

Child #3 Name _____

Child #4 Name _____

PHOTO/MEDIA RELEASE TEMPLE SINAI

I/We DO _____ DO NOT _____ give permission for my child's picture to be used in Temple Sinai of Hollywood published material (print, web, video, etc.)

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

RELIGIOUS SCHOOL TUITION RATES:

KINDERGARTEN ONLY : SUNDAYS 10:00 A.M. – 12:00 P.M.

Tuition \$690.00 per year

1st THROUGH 7th GRADES: SUNDAYS 10:00 A.M. – 12:00 P.M. & TUESDAYS 5:00 – 6:30 P.M.

Tuition \$890.00 per year

POST B'NEI MITZVAH CLASS: First SUNDAY of month 10:00 A.M. – 11:00 A.M.

Tuition: \$90.00 per year

REGISTER BY JULY 1ST AND RECEIVE 10% off Tuition (PRE-PAYMENT REQUIRED IN FULL)

Temple membership is a requirement for religious school registration



Paul B. Anton Religious School

1400 N. 46th Avenue, Hollywood, Florida 33021

Phone: 954-987-0026

2021 - 2022 Religious School Registration 5781 – 5782

Child’s Name(s): _____ Parent(s) Name: _____

Total Tuition: \$ _____ Address: _____

The Undersigned jointly and severally promises to pay to the order of Temple Sinai Jewish Community Center (PAYEE) of Hollywood, Florida the balance of \$ _____ as follows:

___ Payment in full ___ Post-Dated Checks (checks enclosed) ___ Monthly by Credit Card

FOR OFFICE USE ONLY: REMAINING PAYMENTS (if applicable)

September 1, 2021	\$ _____	December 1, 2021	\$ _____
October 1, 2021	\$ _____	January 1, 2022	\$ _____
November 1, 2021	\$ _____	February 1, 2022	\$ _____
		March 1, 2022	\$ _____

Upon failure of the makers hereof to pay any sum required to be paid by terms of this payment plan promptly when due, the entire sum of principal and interest remaining unpaid shall, at the option of the holder thereof, become immediately due and payable. Failure to exercise said option shall not constitute a waiver of the right to exercise the same at any subsequent time. This payment plan, while in default, including any installment payment of principal and/or interest shall bear interest at the highest rate allowable by law from the respective maturity date thereof until paid.

Each maker and endorser agrees jointly and severally, to pay all costs of collection, including a reasonable attorney’s fees in the event this payment plan, including, any installment payment not paid promptly when due, whether suit be brought or not. Each maker and endorser severally waives demand, protest and notice of maturity, non-payment or protest and all other requirements necessary to hold each of them liable as makers and endorsers. This payment plan is subject to all terms and conditions indicated on the current school year registration form as signed and agreed to by the makers and endorsers.

Signature: _____ Date: _____

Name on Credit Card: _____ Expiration Date: _____

Credit Card Number: _____ Three digit code from back of card: _____

Credit Card Billing Address: _____
