

**Religious School Kol Yeladim**  
**2020-2021 School Year**  
**Tuition and Fees**

*Families with three or more children in the school will be entitled to a 10% discount on tuition for each child after the first two children.*

<b><i>Tuition:</i></b>		
Pre-K		\$350
Grades K-2		\$555
Grades 3-7		\$820
B’Nai Mitzvah Class (Kol Yeladim Students)		\$820
Academy, Grades 8 & 9		\$250
Confirmation Class		\$310*
Academy, Grades 11 & 12		No Charge
<b><i>Book, Programming &amp; Snack Fees</i></b>		
Grades K-2		\$120
Grades 3-6		\$135
B’nai Mitzvah Class (Kol Yeladim Students)		\$135*
<b><i>B’nai Mitzvah Class</i></b> <b><i>(Hillel Academy students)</i></b>		\$425*

*\* Please note that there are additional fees for Confirmation Class and there may be additional fees for B'nai Mitzvah class field trips.*

\* Is your family new to our school?

- Please Select One
- No
- Yes

## Section A: Family Contact Information

\* First Name (Primary)

\* Last Name (Primary)

\* Email (Primary)

\* Phone (Primary)

\* Relationship to Student(s) (Primary)

\* Street Address (Primary)

Street Address Line 2 (Primary)

\* City (Primary)

\* State (Primary)

\* ZIP (Primary)

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\* Is there a secondary contact?

- Please Select One
- No
- Yes, at the same address as the primary contact
- Yes, but at a different address than the primary contact.

Please provide Name Phone Email and relationship for second contact. If second contact lives at a different address, please provide that.

If there is a secondary contact, all emails and mailings will go to both contacts. In case of urgent need, the primary contact will be notified first.

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\* Emergency Contact Name

\* Emergency Contact Phone

\* Emergency Contact Relationship

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**Grandparent #1 Information**

First Name

Last Name

Address

Email

Phone

**Grandparent #2 Information**

First Name

Last Name

Address

Email

Phone

**Grandparent #3 Information**

First Name

Last Name

Address

Email

Phone

**Grandparent #4 Information**

First Name

Last Name

Address

Email

Phone

Address

**Section B: Student Enrollment Information**

\* Do you require financial aid?

- No
- Yes

There are many impediments to Jewish education but finances should never be one! We ask that every family commits to some financial contribution, however we are very happy to discuss

financial aid options for any family who needs it. If you select yes, you will discuss your payment ability in a confidential meeting with Rabbi Blatt.

### Student 1 Information

\* Student 1 First Name

\* Student 1 Last Name

\* Student 1 Birthdate

\* Student 1 Grade entering (August 2020)

Student 1 Nickname (if applicable)

Student 1 School Attending

Student 1 Email (if applicable)

*Information will not be shared publicly. Parents will be copied on all communication to students.*

Student 1 Phone (if applicable)

*Information will not be shared publicly. Parents will be copied on all communication to students.*

\* Student 1 Special Learning Needs

Please Select One

No

Yes (IEP or 504)

\* Student 1 Allergies or Medications

Please Select One

No

Yes

*Does your child have allergies or medications we need to know about?*

### Student 2 Information

\* Student 2 First Name

\* Student 2 Last Name

\* Student 2 Birthdate

\* Student 2 Grade Entering (August 2020)

Student 2 Nickname (if applicable)

Student 2 School Attending

Student 2 Email (if applicable)

*Information will not be shared publicly. Parents will be copied on all communication to students.*

Student 2 Phone (if applicable)

*Information will not be shared publicly. Students will not be contacted independently from parents.*

\* Student 2 Special Learning Needs

Please Select One

No

Yes (IEP or 504)

\* Student 2 Allergies or Medications

Please Select One

No

Yes

*Does your child have allergies or medications we need to know about?*

### Student 3 Information

\* Student 3 First Name

\* Student 3 Last Name

\* Student 3 Birthdate

\* Student 3 Grade Entering (August 2020)

Student 3 Nickname (if applicable)

Student 3 School Attending

**Student 3 Email (if applicable)**

*Information will not be shared publicly. Parents will be copied on all communication to students.*

**Student 3 Phone (if applicable)**

*Information will not be shared publicly. Students will not be contacted independently from parents.*

**\* Student 3 Special Learning Needs**

Please Select One

No

Yes (IEP or 504)

**\* Student 3 Allergies or Medications**

Please Select One

No

Yes

*Does your child have allergies or medications we need to know about?*

**Student 4 Information**

**\* Student 4 First Name**

**\* Student 4 Last Name**

**\* Student 4 Birthdate**

**\* Student 4 Grade Entering (August 2020)**

**Student 4 Nickname (if applicable)**

**Student 4 School Attending**

**Student 4 Email (if applicable)**

*Information will not be shared publicly. Parents will be copied on all communication to students.*

**Student 4 Phone (if applicable)**

*Information will not be shared publicly. Students will not be contacted independently from parents.*

**\* Student 4 Special Learning Needs**

Please Select One

No

Yes (IEP or 504)

\* Student 4 Allergies or Medications

Please Select One

No

Yes

*Does your child have allergies or medications we need to know about?*

## Section C: Release Forms

The safety and well-being of all of our children is the main concern of Kol Yeladim Religious school. Please list below ALL PERSONS who have permission to pick up your child(ren) from religious school on Wednesdays and Sundays.

List of Names:

If for ANY reason a person who is not on the list below would have to pick up your child(ren), the religious school office must be notified by the parent before that day's pick-up. The parent should send a note to school with their child, or call the religious school office at (813) 960-3654, stating the name of the person who will be picking up the child(ren). Thank you for your cooperation as we strive to always do our best!

\* School Pick-Up Release: Enter your name below

By signing my name, I confirm I have read, understand and agree to the above.

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## Media Release

From time to time your child's photo may be taken in our classrooms or special events. We use these photos in the synagogue newsletter (Chai Lites), on our synagogue display boards, the Kol Ami website as well as private Facebook groups and other publicity materials.

\* I give my permission for my child(ren)'s photo to be used:

- On any materials
- On specific materials with my permission
- I do not give my permission for my child's image to be used

## Section D: Congregation Community

You may have noticed that at the top of the form we begin with family information. This is intentional. The work of raising and educating Jewish children cannot be done in the school alone, but is a project of the school, the family and the community. You are not just registering your child(ren) for school today, but in fact your entire family. When you come in the building and spend time learning and volunteering with us, you make a powerful statement to your children that Jewish learning is a lifelong process and that we are all on the same team in creating these experiences for them. Don't underestimate the subtle power of this statement!

In addition to those opportunities to participate we are in need of regular volunteers to make our school work. Would you consider supporting our school in an ongoing role or a limited engagement?

Ongoing Opportunities (check all that apply)

- Youth Group (6-8th or 9th-12th) Chaperone

Limited Engagements (check all that apply)

- First Day Volunteering (we've got a big project this year and need help!)
- Purim Carnival Planning
- Purim Carnival Day Of Support
- Arts and craft prep (Wednesday and Sunday)
- Challah Baking
- Sukkot Program
- Tu B'Shevat Seder
- Passover Seder
- End of the Year Awards
- Homeroom Parent

Any other skills or talents you might be willing to share?



## Section E: Payment Information

Total Amount due for all Students: \$\_\_\_\_\_