



# Magen David Sephardic Congregation

11215 Woodglen Drive

Rockville, MD 20852

301-770-6818

office@magendavidsephardic.org

## SEPHARDIC ROOTS TALMUD TORAH REGISTRATION FORM

2018/19-5779

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### STUDENT 1

Student's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT 2

Student's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT 3

Student's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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### FAMILY INFORMATION

Home Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**NOTE:** In the event of an unexpected cancellation, we will notify you by email.

For weather related school closings, we will follow the Montgomery County Public School policy.

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(PLEASE PRINT ALL INFORMATION)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL INFORMATION (Confidential)

Are there any medical conditions, allergies, or other pertinent information regarding your child that we should be aware of?

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## EMERGENCY CONTACT INFORMATION

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Name	Phone number	Relationship
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In the event of an emergency and I cannot be reached, I give permission for my child to be transported to the nearest medical facility and specifically authorize a representative of MDSC to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child.

Parent's initials \_\_\_\_\_

I understand that photographs of my child(ren) may be used in school information or displays and/or in congregational publications, in print and/or electronically, at the discretion of the Rabbi and MDSC Board of Directors.

Parent's initials \_\_\_\_\_

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## TUITION & PAYMENT INFORMATION

**I agree to pay the total obligation of tuition and fees as indicated below unless MDSC approves other arrangements in writing**

### Payment Schedule:

- OPTION A: Payment in full by August 1, 2018 (This entitles you to a tuition discount of \$25 per child and we will waive the book fee)
- OPTION B: 3 payments; 1/3 of total by August 1, October 1, December 1, 2018
- OPTION C: 10 monthly payments; 1/10 of total due August 1 and subsequent payments by the 1<sup>st</sup> of each month through May 1, 2019

### MEMBER RATE:

\$450 per student

### NON-MEMBER RATE:

\$700 per student

Scholarships and other discounts are available. Please contact the office for details.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_