

Magen David Sephardic Congregation
11215 Woodglen Drive
Rockville, MD 20852
301-770-6818 | office@magendavidsephardic.org

SEPHARDIC ROOTS TALMUD TORAH
REGISTRATION FORM

2019/20-5780

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 _____

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.

(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?

EMERGENCY CONTACT INFORMATION

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/or MDSC Board of Directors.

Parent's initials_____

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 September 1, 2019
- OPTION B: 3 payments; 1/3 of total by September 1, November 1, January 1, 2020

MEMBER RATE:

\$500 per student

NON-MEMBER RATE:

\$600 per student

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

Parent's Signature_____

Date_____