

**HELEN AND SAM KORNBLAU RELIGIOUS SCHOOL OF CONGREGATION OR ATID
2018/2019 Religious School Registration Form**

Please print all information.

Last name of student: _____ *Are you a member? _____

Student's Name (Print)	Hebrew Name	Birthday With year	Grade in September
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COST FOR 5778 - 5779 / 2018-2019 PER STUDENT (rev. 8/18)	
Shalom Yeladim Preschool Tuition Sundays 9-11AM, approximately twice month	\$200.00
Kindergarten – 2nd grade Tuition Sundays 9AM-Noon	\$250.00
3rd – 7th grade Tuition Sundays 9AM-Noon; Tuesdays 4:15PM-6:15PM	\$350.00
Machon 8th-9th grade Tuition Sundays 9:30AM-Noon	\$150.00
Machon 10th- 12th grade Tuition (Parents to provide a one time lunch)	No Charge
B'nai Mitzvah Fees (To be paid the year of the B'nai Mitzvah event)	\$550.00
Note: Study materials, supplies, and snacks will be provided by the school.	

All registration forms must be returned to the office as soon as possible

Religious School Tuition: _____

Bar/Bat Mitzvah fee if applicable: _____

TOTAL AMOUNT DUE: _____

Payment Options:

1 payment in full, due by 9/1/2018 Payable by check or credit card (MC/Visa/Paypal)

Make checks payable to:

Congregation Or Atid 10625 Patterson Ave, Henrico VA, 23238.

Or contact Wanda (804) 740-4747 to confirm credit card information.

FOR OFFICE USE:	
Date rec'd	_____
Amount	_____

*All COA members who have paid or have arranged to pay by insatlments for their sustaining share commitment are members in good standing and are eligible (**All members, however, are responsible for the tuition cost**). This status must be in effect at the time of registration. Tuition is currently \$200.00 per Preschool student per year, \$250.00 per K-2nd grade student per year, \$350.00 per 3rd -7th grade student per year, \$150.00 per Machon 8th-9th grade student per year and (if applicable) a B'nai Mitzvah fee of \$550.00 per student due at registration. Study materials, supplies, and snacks will be provided by the school.

STUDENT INFORMATION:

Lives with: Mother Father Both Other

Send any info to: Mother Father Both Other

Mother _____ Father _____

Hebrew Name _____ Hebrew Name _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

E-Mail _____ E-Mail _____

Cell Phone _____ Cell Phone _____

Attendance Agreement

We understand that the Helen and Sam Kornblau Religious School meets on Sundays from 9AM to Noon for Grades Kindergarten – 7th and Sundays from 10:30AM to Noon for Grades 8-12. Tuesdays from 4:15 to 6:15PM for Grades 3-7. Shalom Yeladim Preschool meets on designated Sundays from 9:00AM to 11:00AM., Machon meets on Sundays from 10:30AM to Noon. We understand that it is important to attend a minimum of 10 Shabbat services a year. If my child is late or needs to be picked up early, I will come into the office to sign my child in or out.

Parent’s signature: _____ Date: _____

PHOTO AND VIDEO DENIAL OF PERMISSION

Complete this section **ONLY** if you **OPT OUT** of media coverage.

Any picture, portrait, or video of a student and/or his/her family or of any part of the student and/or his/her family, and any reproductions thereof, may be used by Congregation Or Atid for such purposes as may be desired in connection with advertising, publication and /or publicity.

Or Atid has my permission to photograph/video my child for publicity or marketing unless this is checked:

Field Trip Waiver

My child/children has/have permission to go on educational field trips sponsored by the Helen and Sam Kornblau Religious School. I understand that they will travel by bus, van or private car and be accompanied by staff and parents. I release Congregation Or Atid from all responsibility during school-sponsored field trips.

Child/Children’s Name(s): _____

Parent’s Signature _____ Date: _____

I am interested in being a Room Parent.

Please call me to substitute teach: **Grades K-2** **Grades 3-7 (Knowledge of Hebrew is necessary)**

EMERGENCY MEDICAL INFORMATION- PLEASE PRINT ALL INFORMATION

Student's Name _____

Mother _____ Father _____

home	cell	work	home	cell	work
------	------	------	------	------	------

In case of injury or illness of a child at school every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by the parent or guardian.

- ◆ If injury or illness is minor, can we give your child first aid? Yes No
- ◆ If injury is serious and parent cannot be contacted, may we contact your child's physician or dentist? Yes No
- ◆ Do we have your permission to call an ambulance? Yes No
- ◆ Do we have your permission to give Tylenol or Motrin? Yes No

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

In the event a parent or guardian cannot be reached please list two **local** emergency contacts, who are also authorized to pick your child up from school at any time.

Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

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Home phone: _____ Work: _____ Cell: _____

THIS INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL:

- ◆ Are there any challenges of which the school needs to be aware? (Continue on reverse side)

- ◆ Are there any medical conditions experienced by your child of which the school needs to be aware?

Allergies Vision Hearing Frequent use of bathroom
 Chronic illness Other (comment on reverse side)

- ◆ Are there any learning challenges of which the school needs to be aware?

Reading Writing Comprehension Organization Memory
 Speech/Language Attention Span (comment on reverse side)

- ◆ Is your child on any daily medication? Yes No

If yes, please specify name of medication and reason for use. _____

- ◆ Are your child's immunizations up to date? Yes No

- ◆ _____ We would like an appointment with the Dir. of Ed. to further discuss the information on this form.

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child, I understand that I will be contacted immediately, as well as my child's physician.

Parent's Name (please print)

Parent's Signature

Date

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