

HELEN AND SAM KORNBLAU RELIGIOUS SCHOOL OF CONGREGATION OR ATID

2019-2020 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All Registration Forms must be returned to the office by August 1st, 2019

COST FOR 5779 / 2019-2020 PER STUDENT (rev. 5/18)	
Shalom Yeladim Preschool Tuition <i>Every other Sunday from 9:00-11:00 AM</i>	\$200.00
Kindergarten – 2nd Grade Tuition <i>Sundays from 9:00 AM - 12:00 PM</i>	\$250.00
3rd – 7th grade Tuition <i>Sundays from 9:00 AM - 12:00 PM</i> <i>Tuesdays from 4:15 - 6:15 PM</i>	\$350.00
Machon 8th-10th Grade Tuition <i>TBA</i>	\$150.00
B'nai Mitzvah Fees <i>To be paid the year of the B'nai Mitzvah event</i>	\$550.00
Note: Study materials, class supplies, and snacks are provided by the school.	

Members Materials and supplies fee _____

Bar/Bat Mitzvah fee where applicable _____

Total due _____

Payment Options:

1 payment in full, due by 9/1/2019 **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 installment their full contracted dues are members in good standing and are eligible for enrollment. This status must be in affect 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 students per year for 8th-10th grade and (if applicable) a B'nai Mitzvah fee of \$550.00 per student due at registration. Study materials, class supplies, and snacks will be provided by the school.

If there are no changes to Contact/Medical information from 2018-2019 Registration, please check this box and sign below in lieu of filling out this packet.

Parent's signature: _____ Date: _____

STUDENT INFORMATION: *Your information from last year is entered, please update and make any necessary changes*

Lives with: Mother Dad Both Other

Send any info to: Mother Dad 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 9:00 AM - 12:00 PM for Kindergarten – 7th grade, and on Tuesdays from 4:15-6:15 PM for 3rd-7th Grades. The Shalom Yeladim Preschool meets every other Sunday from 9:00 -11:00 AM. We understand that it is important to attend a minimum of 10 Shabbat services a year, including Jr. Congregation. 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(ren) has 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 school during school-sponsored field trips.

Child's (Children's) Name(s): _____

Parent's Signature _____ Date: _____

I am interested in being a Room Parent.

I am interested in being a substitute teacher for: 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's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

In the event a parent or guardian cannot be reached please list two **local** emergency contacts.

Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

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