

Temple Shalom Religious School Registration Form 2019-2020

Student Information:

| | | |
|-------------|-------------|--------------|
| _____ | _____ | _____ |
| Last name | First name | Birth date |
| _____ | | |
| Hebrew name | Grade level | Hebrew level |

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| | | |
|-------------|-------------|--------------|
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Student Information:

| | | |
|-------------|-------------|--------------|
| _____ | _____ | _____ |
| Last name | First name | Birth date |
| _____ | | |
| Hebrew name | Grade level | Hebrew level |

Family Information:

Parent/Guardian #1: _____

Address: _____

City, State, Zip: _____

Home phone: _____

Cell phone: _____

Email: _____

Parent/Guardian #2: _____

Address: _____

City, State, Zip: _____

Home phone: _____

Cell phone: _____

Email: _____

REGISTRATION FEES:

\$60 per student

Religious School forms and registration fee of \$60 for the Fall Semester is due by June 15, 2019.

Please return your fee with this form to the Temple Office. Checks should be made payable to Temple Shalom with memo: religious school registration. You may and make membership and tuition payments online at www.templeshalom.com.

TEMPLE SHALOM RELIGIOUS SCHOOL 2019-2020 TUITION AGREEMENT

Member Name _____

| Grade Level | # of children at grade level | X | Tuition/child = Cost |
|--|------------------------------|---|----------------------|
| 2 yr. old – 4 yr. old Parent- Tot class (once a month) | _____ | X | \$118.00 = _____ |
| Kindergarten - 2nd Grade (Sunday only) | _____ | X | \$480.00 = _____ |
| 3rd - 6th Grade (Sunday and Tuesday) | _____ | X | \$605.00 = _____ |
| 7 th Grade/B'nai Mitzvah | _____ | X | \$920.00 = _____ |
| 8th – 12 th Grade (Teen Scene) | _____ | X | \$118.00 = _____ |

Registration: Text book/Supply fee K-7th (**due at this time**) _____ X \$60.00/child + _____

Option: Additional Donation to Religious School: \$_____ + _____

(your generosity, at any level of giving, will contribute to costs of special programming expenses and scholarship funds)

Total Tuition Due: _____

Parents, read and sign the following agreement statement and return with your registration fee:

I am enrolling my aforementioned child(ren) in Temple Shalom Religious School and pledge to pay the tuition as detailed on the tuition schedule above. I understand Religious School tuition must be paid in full no later than June 15, 2019.

I /We wish to pay the tuition fees (check one):

_____ In full by December 31st _____ in 9 installments August-April _____ Quarterly

Parent/Member Signature: X _____

Please contact Elayna Rathmann, Executive Director of Temple Shalom, 719-634-5311 if you have any questions regarding payments.

*Financial Aid is available on a limited basis. Need-based scholarship forms can be obtained from the Temple Education Office or online at www.templeshalom.com Please contact Elayna Rathmann 634-5311 or Deborah Sarna 634-7194 if you have scholarship questions. **To be eligible for scholarship consideration families must be in good standing with temple membership and be in good standing with financial responsibilities to the religious school as of July 1, 2019.***

Scholarship Application deadline is July 15, 2019 for fall enrollment. Scholarships will be awarded in August and families will be informed prior to the first day of classes.

Temple Shalom Religious School 2019-20 Student Information:

Child's Name: _____ Child's Hebrew Name: _____
(Hebrew or transliteration)
Child's School Grade: _____ Child's Birthdate: _____
Child lives with: _____ Both Parents _____ Mother only _____ Father only
_____ Joint Custody If joint, send mailings to: _____

Special Information:

Does your child have any allergies / medical conditions? If so, explain. (Please include any medications that your child takes on a regular basis.)

Does your child have a current IEP or 504 plan on file with their public school? _____ Yes _____ No

If yes, Parents must provide a copy of the current plan for your child so that we may best serve his/her needs.

May we contact the IEP or 504 Coordinator? Name _____ Contact Number _____

Emergency Contact (please list 2-other than the parents):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

**IN CASE OF AN EMERGENCY, IF A PARENT OR EMERGENCY CONTACT CANNOT BE REACHED,
MEDICAL TREATMENT MAY BE OBTAINED FOR MY CHILD.**

PARENT'S SIGNATURE: _____

INSURED'S NAME: _____ INSURED'S SSN: _____

INSURANCE COMPANY: _____ POLICY #: _____

ADDRESS: _____

ENROLLMENT

Temple Shalom Religious School enrollment is open to children of members in good standing of our synagogue. Our grades correspond to those in public school, covering Kindergarten through twelfth grade. In order for the student to receive the most comprehensive Jewish education possible, it is strongly recommended that he/she begin at the Kindergarten level. All children must be continuously enrolled in Religious School from grade 3 through the Bar/Bat Mitzvah year in order to qualify for B'nai Mitzvah at Temple Shalom. I understand, Parent initials: _____

ATTENDANCE INFORMATION

A minimum of 80% attendance and completion of all class requirements is necessary to progress to the next grade level. Students who do not meet this attendance/completion requirement will be evaluated and make-up work or private tutoring at the family's expense will be required at the expense of the parent. If work is not completed and attendance requirements are not met, a meeting with the Education Coordinator and Rabbi must be scheduled for further evaluation and discussion. Parents must read and sign the Parent/Student Handbook.

I understand, Parent initials: _____

Photo/Video/Media Release Form
Temple Shalom Preschool and Religious School
2019-20

Child/Student 1 Name: _____

Child/Student 2 Name: _____

Child/Student 3 Name: _____

My child attends Temple Shalom Preschool or Religious School and I agree to allow photos and videos taken in the classroom, at recess and during programs to be placed on the Temple Shalom website, in the Temple Shalom Bulletin and on the Temple Shalom Facebook page without any personally identifiable information (such as last name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.
Parent initial

_____ I **DO NOT** grant permission for my child to participate in photo and video opportunities as described
Parent initial described above.

I understand that there are times when photography or video of Temple Shalom programming may be captured by outside print and news media organizations and circulated through newspapers, television and social media sites associated with these outside sources. I agree to allow these images and their likeness to be used without any personally identifiable information (such as name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.
Parent initial

_____ I **DO NOT** grant permission for my child to participate in photo and video opportunities as described.
Parent initial

Parent/Guardian Name _____ (printed)

Parent/Guardian Signature _____

Date _____

Please sign and return this form to Temple Shalom no later than August 25, 2019.

This form is required on an annual basis.

Received by: _____ *Date:* _____