

Rockdale Temple

Religious School Registration

2018-2019 SCHOOL YEAR

Parents' Names: _____

Home Number: _____

Email Addresses : _____

Cell Phones: _____

Public/Private School Name: _____

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Student Information

Name	Grade	Date of Birth	Religious School	Hebrew School	Rak Noar	KULANU
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list only children who will participate in the above programs and check all programs that apply to each student.

2

Tuition

(Please calculate Amount Due)

\$300 per student **Religious School** (Sundays) Pre-K thru 6th graders \$ _____

\$360 per student **Rak Noar** (Sundays) 7th & 8th graders \$ _____

\$225 per student **Hebrew School** (Tuesday Afternoons) 3rd thru 7th graders \$ _____

\$395 per student **KULANU** (Cincinnati Reform Jewish High School) (Sunday Evenings) \$ _____

I HAVE SPECIAL CIRCUMSTANCES and would like you to call me at (_____) _____ - _____. The best time to call me is _____.

Total School Fee(s): \$ _____

Thank you for enrolling your child(ren) in Rockdale Temple's Religious School programs.
 Information regarding Life Cycle events will be communicated separately.

2018-2019