



**Registration  
2020 - 2021  
5781**

**Please return completed forms by July 31<sup>st</sup>  
Tuition and fees are due by September 1<sup>st</sup>**

***Temple membership is required to be enrolled in religious school.***

**Mailing address  
Temple Emanu-El  
151 McIntosh Road  
Sarasota, FL 34232**

***Sabrina Silverberg, MARE  
Director of Education  
Rabbi Brenner Glickman  
Rabbi Michael Shefrin***



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(941) 378-5567  
teers@sarasotatemple.org**

# Temple Emanu-El Religious School

## Registration 2020 – 2021 Tuition Schedule

Grade	Class Schedule	Tuition	Supply Fee	Total Annual Tuition	\$25 discount if paid with cash or check (Grades 1-7)
K	Sunday 9:30 – Noon	Free 2020/2021	\$98	\$98	\$98 (no discount)
1 – 3	Sunday 9:30 – Noon	\$574	\$98	\$672	
4 – 6	Sunday 9:30 - Noon Wednesday 5:30 – 6:30	\$927	\$98	\$1025	
7	Sunday 9:30 - Noon Wednesday 5:30 – 6:30 Wednesday 6:30 – 7:30	\$927	\$98	\$1025	
8 – 10	Sunday 10:00 - Noon Confirmation	\$230	n/a	\$230	

Members with 3 children – third tuition is offered at a 50% discount for youngest child

Members with 4 children – fourth tuition is free for youngest child

**Please note: a minimum of 2 sessions (5 hours) of volunteering at TEERS is required for each family.**

Please submit the registration forms by July 31<sup>st</sup>, 2020 to secure your child's place in the Religious School. The tuition and supply fee are due on September 1<sup>st</sup>.

**Temple Membership is required for enrollment in school.**

### Registration Information

First & last name of each child registering	Entering Grade	Tuition	Supply Fee	Total for this child
1.				
2.				
3.				
4.				
<b>Subtotal</b>				
<input type="checkbox"/> Yes, I would like to contribute to help fund the need-based TEE Religious School Scholarship Fund. <i>(Add amount of contribution)</i>				
<b>Total amount due (by September 1<sup>st</sup>)</b>				

### **Credit Card Payment Option**

Tuition may be charged on MasterCard or Visa in person at the Temple office or by phone between 9:00 am & 4:00 pm Monday through Friday. To save on credit card service charges, we appreciate payment by check or cash.

- I will be applying for the Federation need based scholarship.

# Temple Emanu-El Religious School

## Emergency Contact 2020 – 2021

- Please complete this form in its entirety – this information is essential!
- If the information for each child is the same, **include all children's names on this page.**

**Please Print Legibly**

**Child's**  
 First name \_\_\_\_\_ Last name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entering Grade \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent #1**  
 First name \_\_\_\_\_ Last name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

I would like to receive important messages via text.  Yes  No

**Parent #2**  
 First name \_\_\_\_\_ Last name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

I would like to receive important messages via text.  Yes  No

I/we would like my/our child's grandparents to be invited to school events & receive emails.  Yes  No  
 Email \_\_\_\_\_

Please note that in cases where multiple addresses are listed, we will mail correspondence to the address of the enrolling parent signing below unless we receive instructions otherwise.

***In case of emergency, parents will be called. If parents are unavailable, the following person(s) will be called to act on your behalf:***

<u>Name</u>	<u>Relationship to Child</u>	<u>Home phone</u>	<u>Cell</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Pick-up Authorization**  
**The following people are authorized to pick my child up from school:**

<u>Name</u>	<u>Address</u>	<u>Home phone</u>	<u>Cell</u>
_____	_____	_____	_____
_____	_____	_____	_____

I DO  I DO NOT give permission for my child's photo to be used on the temple's website, temple's bulletin and other printed, social media or virtual platforms.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Temple Emanu-El Religious School

## Confidential Student Questionnaire 2020 – 2021

Please complete this confidential questionnaire and submit along with your Registration Packet. The information below is important for us to tailor our program to best suit your child. All details will remain confidential and will be shared only with your child's teacher and School Director.

Student's first name \_\_\_\_\_ Last name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student's Hebrew name \_\_\_\_\_ Daytime school \_\_\_\_\_ Birthdate \_\_\_\_\_

Does your child have any learning differences such as ADD, ADHD, dyslexia, or other learning differences?

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Does your child take any medications on a regular basis?  Yes  No  N/A

If yes, list medications? \_\_\_\_\_

Describe any special medical history or condition that might be important for us to know or that can affect your child's treatment in a medical emergency, such as food or medication allergies, hearing problems, emotional or behavioral issues, etc.

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Child's physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance company: \_\_\_\_\_ Plan #: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, your child will be taken to the CLOSEST hospital. If you have a preference, please write your choice here: \_\_\_\_\_

Do you have any additional information about your child that might be helpful to their teacher?

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How would you describe your child's feelings about being Jewish and attending Religious School?

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I have read the information above and understand the emergency plan. The answers I have provided here are accurate to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

copy made for teacher \_\_\_\_\_