

Last Name _____

Part One: Parent Information

Parent 1	Parent 2
Name:	Name:
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Address <input type="checkbox"/> Children's Primary Address	Address <input type="checkbox"/> Children's Primary Address <input type="checkbox"/> Same as Parent 1

Emergency Contacts	
<p>In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts if a parent is unreachable.</p>	
<p>Parent's Signature: _____ Date _____</p>	
Name:	Name:
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other

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Part Two: Student Information

Student 1		Student 2	
Name:		Name:	
Hebrew Name:		Hebrew Name:	
Birthdate:		Birthdate:	
Secular School:		Secular School:	
Secular Grade:		Secular Grade:	
Hebrew School Grade:		Hebrew School Grade:	
Student 3		Student 4	
Name:		Name:	
Hebrew Name:		Hebrew Name:	
Birthdate:		Birthdate:	
Secular School:		Secular School:	
Secular Grade:		Secular Grade:	
Hebrew School Grade:		Hebrew School Grade:	

Medical Information

Student 1		Student 2	
Allergies: <input type="checkbox"/> None		Allergies: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None		Medical Conditions: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None		Medications: <input type="checkbox"/> None	
Student 3		Student 4	
Allergies: <input type="checkbox"/> None		Allergies: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None		Medical Conditions: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None		Medications: <input type="checkbox"/> None	

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Learning Profile

Student 1

Name:

Does your child have any special learning needs?

Yes No

Does your child have an IEP?

Yes No

If yes, please explain:

If yes, are you willing to share it with us?

Yes No

Is there anything else you would like us to know about your child (special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

Student 2

Name:

Does your child have any special learning needs?

Yes No

Does your child have an IEP?

Yes No

If yes, please explain:

If yes, are you willing to share it with us?

Yes No

Is there anything else you would like us to know about your child (special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

Last Name _____

Student 3

Name:

Does your child have any special learning needs?
 Yes No

Does your child have an IEP?
 Yes No

If yes, please explain:

If yes, are you willing to share it with us?
 Yes No

Is there anything else you would like us to know about your child (special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

Student 4

Name:

Does your child have any special learning needs?
 Yes No

Does your child have an IEP?
 Yes No

If yes, please explain:

If yes, are you willing to share it with us?
 Yes No

Is there anything else you would like us to know about your child (special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past, etc.)? If yes, please explain:

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Family Profile

Your Family's Expectations and Goals

What do you want your child(ren) to gain from their Religious School experience?

- I give permission for my child's photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)
- I DO NOT give permission for my child's photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

Parent Volunteer

Please consider how you will contribute to making the Religious School a *kehillah kedosha*, a holy community, by choosing to participate in one or more of the following volunteer activities.

Parent 1	Parent 2
<p>I am interested in (please check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serving on the Education Committee <input type="checkbox"/> Fundraising <input type="checkbox"/> Becoming a class parent <input type="checkbox"/> Food shopping <input type="checkbox"/> Food prep for special events <input type="checkbox"/> Helping with Purim Carnival <input type="checkbox"/> Driving to deliver Mishloah Manot (Purim Baskets) <p>Do you have any other hobbies, special interests, or skills you would like to contribute?</p>	<p>I am interested in (please check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serving on the Education Committee <input type="checkbox"/> Fundraising <input type="checkbox"/> Becoming a class parent <input type="checkbox"/> Food shopping <input type="checkbox"/> Food prep for special events <input type="checkbox"/> Helping with Purim Carnival <input type="checkbox"/> Driving to deliver Mishloah Manot (Purim Baskets) <p>Do you have any other hobbies, special interests, or skills you would like to contribute?</p>

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Tuition Payment Form			
Student 1	Student 2	Student 3	Student 4
Name:	Name:	Name:	Name:
Grade:	Grade:	Grade:	Grade:

We will bill you for the correct amount. One half of the tuition is due by 9/1/2018. The balance is due by 1/1/2019.

Gan-Katan – Bet, Pre-K – 2nd Grades:

Sundays 9:30 a.m. to 12:00 p.m.

Gimel, 3rd Grade:

Sundays 9:30 a.m. to 12:00 p.m. and Tuesdays 3:45 p.m. to 5:30 p.m.

Dalet – Zayin, 4th – 7th Grades:

Tuesdays 3:45 p.m. to 5:30 p.m. and Thursdays 3:45 p.m. to 6:15 p.m.

Grade / Program	Member 1 st Child	Member Additional Child	Non-member 1 st child
Gan Katan (Pre-K), Gan (K), Alef (1), Bet (2)	\$840	\$710	\$1,655
Gimel (3), Dalet (4), Hai (5)	\$1,390	\$1,290	\$2,780
Vav (6), Zayin (7)	\$1,505	\$1,405	\$3,010
Bar/Bat Mitzvah Lessons	\$600	N/A	N/A

Registration Fee Information		
Registration Fee Per Student	Member	Non-Member
On or before 6/30/2018	\$136	\$150
Late fee - after 6/30/2018	\$154	\$225

Your child must be registered in order to attend classes. Full registration fee must accompany the registration form.

Teen Philanthropy Registration
\$100 per Teen