

Religious School Enrollment Form 5781 (2020-2021)

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|  Schedule and Tuition |
| Grades | Day 1 | Day 2 | Annual Tuition | # of Children |
| TK – 2 | Wednesdays4:00 pm – 5:30 pm | No Second Day | $900 |  |
| 3– 7 | Wednesdays4:00 pm – 7:00 pm*(includes dinner)* | Saturdays (Once a month)10:00 am – 1:00 pmSundays (Once a month)10:00 am – 12:00 pm | $1,800 |  |

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| Family Information |
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| Primary Parent / Guardian |
| Name: |
| Pronouns:  |
| Address: |
| City: State: ZIP Code: |
| Phone 1: Phone 2: |
| Email: |
| □ Kohen □ Jew by Choice Hebrew Name:□ Levy □ Not Jewish |
| Name of Partner *(if applicable)*: |
|  |
| Parent / Guardian 2 |
| Name: |
| Pronouns:  |
| Address: |
| City: State: ZIP Code: |
| Phone 1: Phone 2: |
| Email: |
| □ Kohen □ Jew by Choice Hebrew Name:□ Levy □ Not Jewish |
| Name of Partner *(if applicable)*: |

Religious School Registration Form 5781

*(Please fill out one copy of this sheet for each child)*

*Attach Student Photo Here*

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| Student Information |
| Name: Birthdate: |
| Pronouns:  |
| Primary Address: |
| City: State: ZIP Code: |
| Hebrew Name: |
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| **School Information** |
| Name of School:  |
| School Phone: Grade Level in September:  |
| School Address: |
| City: State: ZIP Code: |
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| Permission to use your child’s photo *(website, electronic/social media, newsletter, print ad, etc)* □ Yes □ No |
| Permission to publish phone number on class roster □ Yes □ No |
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| I authorize Mishkon Tephilo to use my child’s image/likeness in synagogue-related print or online publications for publicity purposes. I understand that I may not be notified in advance of publication. |
| Signature: Date: |

Please fill out emergency and medical information on next page

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| Student Name: |
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| Emergency Contact Information |
| Emergency Contact 1: Relation: |
| Phone:  |
|  |
| Emergency Contact 2: Relation: |
| Phone:  |
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| Emergency Contact 3: Relation: |
| Phone:  |
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|  |
| Emergency Medical Information |
| Name of Physician: Phone: |
| Address:  |
| City: State: ZIP Code: |
| Insurance Carrier: Policy #: |
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| Name of Dentist: Phone: |
| Address:  |
| City: State: ZIP Code: |
| Insurance Carrier: Policy #: |
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| If injury/illness is minor, do you authorize Mishkon Tephilo to administer first aid? □ Yes □ No |
| If injury/illness is serious and you can’t be reached, do you wish your personal physician or dentist to be contacted? □ Yes □ No |
| Please list and explain any allergies and/or medical conditions of which Mishkon Tephilo needs to be aware: |
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| I hereby grant permission to Mishkon Tephilo to call a physician/dentist for necessary medical care or hospitalization for my child in case of an emergency, after trying to notify me first. Further, I release Mishkon Tephilo, its officers, agents, and employees from any and all liability. |
| Signature: Date: |

***Please pay online at www.mishkon.org/donate and set up monthly payments or make once, easy payment. Your enrollment is not complete until payment for both school and membership has been arranged.***