



MY CHILD/CHILDREN WILL BE ATTENDING RELIGIOUS SCHOOL AND WILL BE ENROLLED IN GRADE(S):

- ShabbaTots (Ages 2 & Under) Pre-Kindergarten (Ages 3 & 4) Kindergarten- Sixth Grade Seventh Grade Eighth-Ninth Grade Tenth Grade

Participation in religious school programs in grades K-10 requires current Temple membership. Membership is not required for ShabbaTots and Pre-Kindergarten.

STUDENT INFORMATION:

Child 1: First Name Last Name

Child's Preferred Pronoun Birthdate Child lives with

2019-2020 Grade in School Secular School/City Email

Special Needs/Medications:

Child 2: First Name Last Name

Child's Preferred Pronoun Birthdate Child lives with

2019-2020 Grade in School Secular School/City Email

Special Needs/Medications:

Child 3: First Name Last Name

Child's Preferred Pronoun Birthdate Child lives with

2019-2020 Grade in School Secular School/City Email

Special Needs/Medications:

Child 4: First Name Last Name

Child's Preferred Pronoun Birthdate Child lives with

2019-2020 Grade in School Secular School/City Email

Special Needs/Medications:

PARENT/GUARDIAN INFORMATION:

Parent 1 First Name Last Name

Address City State Zip

Mobile No. Home No. Work No.

Email Address

Parent 2 First Name Last Name

Address City State Zip

Mobile No. Home No. Work No.

Email Address

CONTINUE ON OTHER SIDE

ANNUAL RELIGIOUS SCHOOL TUITION

Please indicate the number of students per category that apply. Enclose check or credit/debit card number with application. To request a variance, ask for a **Religious School Tuition Adjustment Form**. Please do not hesitate to contact Rabbi Levinsky or our Accountant, Wayne Crouch, for information concerning a financial hardship and to request an adjustment form.

ShabbaTots: Members \$0 x _____
Non-Members \$52 x _____

Pre-K: Members \$52 x _____
Non-Members \$206 x _____

Kindergarten-6 Grades: \$490 x _____

B'Nai Mitzvah tutoring & 7th Grade:
\$1085 x _____

8th-9th Grade: \$225 x _____

10th Grade: \$540 x _____

Less: 10% sibling discount on the
second child \$ _____

TOTAL: \$ _____

(Please check box below)

Payment in full \$ _____

Monthly Installments: Up to **10** equal monthly payments, **depending on first payment date.**

I will also complete and submit a **Religious School Tuition Adjustment Form.**

Payment options: AmEx Discover Visa MasterCard **OR** Check #: _____

Name on Card: _____ Card Billing Zip Code: _____

Card No _____ CVC Code _____ Exp Date ____/____/____

Signature _____ Date ____/____/____

(Please initial) _____ **EMERGENCY MEDICAL RELEASE:** I hereby authorize the Religious School staff and volunteers to make medical emergency arrangements regarding my child/children should the need arise.

Emergency: Name _____ Phone No. _____ Relationship to child _____

Emergency: Name _____ Phone No. _____ Relationship to child _____

(Please initial) _____ **PICK UP AUTHORIZATION:** The following individuals are required to show proper identification at time of pick-up and are authorized to pick up my child/children.

List all persons (other than child's parents) authorized to pick up the enrolled child/children at Religious School.

Identification is now **required** to pick-up any minor aged child from Religious School.

Return completed form with payment (check/credit/debit card information) to:

Temple Har Shalom - RS Registration, PO Box 681236, Park City, Utah 84068

Credit card information will NOT be kept on file except for monthly payments. All other information will be kept on file.