



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 _____
 2021-2022 Grade in School _____ Secular School/City _____ Email _____

Special Needs/Medications: _____

Child 2: First Name _____ Last Name _____
 Child's Preferred Pronoun _____ Birthdate _____ Child lives with _____
 2021-2022 Grade in School _____ Secular School/City _____ Email _____

Special Needs/Medications: _____

Child 3: First Name _____ Last Name _____
 Child's Preferred Pronoun _____ Birthdate _____ Child lives with _____
 2021-2022 Grade in School _____ Secular School/City _____ Email _____

Special Needs/Medications: _____

Child 4: First Name _____ Last Name _____
 Child's Preferred Pronoun _____ Birthdate _____ Child lives with _____
 2021-2022 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.

PHOTO RELEASE: Yes No

Temple Har Shalom would like permission to use your child's photo or likeness on their website or in publications.

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

Temple Har Shalom - RS Registration, 3700 North Brookside Court, Park City, Utah 84060

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