



The Community School for Lifelong Jewish Learning

The Ruth & Lewis Davis Religious School

Registration Form 2018-2019

(One form per student; please print legibly in ink)

Student's Last Name	First Name	Nickname	Hebrew Name	Date of Birth	Gender
Mailing Address/Street		City/State	Zip Code	Neighborhood	
Student Home Phone	Student Cell Phone Number	Student E-mail			
Is your child new to our school? Yes / No		Congregation Shaarei Kodesh member? Yes No		Grades: _____ to _____	
Where did your child previously attend Religious School? _____					

FAMILY INFORMATION

- Married/Partnered Separated Divorced Widowed Single

PARENT CONTACT INFORMATION:

*Parent One - Full Name (Last, First)	Parent One - Cell Phone Number		
Address (if same as child's, leave blank)	City	State	Zip
Parent One - Email Address			
*Parent Two - Full Name (Last, First)	Parent Two - Cell Phone Number		
Address (if same as child's, leave blank)	City	State	Zip
Parent Two - Email Address			

Are you willing to receive text messages from Congregation Shaarei Kodesh? Yes No

STUDENT INFORMATION:

Grade as of 9/2018: _____ School attending _____

Program Options: (Check all applicable)

- K thru 7th grade** - Class meets each Sunday from 9:30 am – 12:15 pm for Judaic Studies and Hebrew
- 3rd – 7th grades** Class *also* meets each Tuesdays from 4:30 – 6:30 pm for Judaic Studies and Hebrew

Religious School Tuition and Fees (please circle amount):

K thru 2nd grade	Members: \$510	Non-members \$625
3rd – 7th grades	Members: \$1020	Non-members \$1250
Security fee (per student)	\$25	TOTAL DUE FOR THIS STUDENT: \$ _____

IMPORTANT INFORMATION: Help us meet the individual needs of your child.

Special Learning Needs: learning challenges, behavior disorders, speech/hearing challenges, gifted, etc

Medical: Does your child have ALLERGIES to medication, food, environment? (please list all allergies):

Please list any other important information that will help us to provide a safe and caring environment for your child:

EMERGENCY CONTACT AND PICK-UP INFORMATION

In addition to parents, please list two (2) additional emergency contacts:

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Names of person(s) authorized to pick up your child (please note that ID may be required):

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

APPLICATION FOR ENROLLMENT, PERMISSIONS AND LIABILITY RELEASE – *Parent Must Sign This Section*****

I hereby submit registration for my child, as listed above, for the Congregation Shaarei Kodesh (CSK) Religious School Program during the **2018-2019 school year**. I understand that session and class placement of my child is left to the discretion of the Director. In the event of an emergency if I, or my surrogate, cannot be reached, I give permission for my child to be brought to the nearest medical facility and authorize the representative of Congregation Shaarei Kodesh to select a physician, nurse, paramedic or emergency medical technician licensed by the State of Florida, and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery or other measures which he/she feels are in the best interest of my child. This form also serves as a release form for any trip on which my child participates during the school year. I also, hereby release and agree to defend, indemnify and hold Congregation Shaarei Kodesh (and its officers, directors, agents, volunteers and employees) harmless from any and all damages, injuries, claims and causes of action arising (directly or indirectly) out of my or my child's participation on any school-sponsored activity or trip. *My child has my permission to participate in all activities of the Education Program for which he/she is registered.*

The School has my permission to use photos taken of my child & publish my address, email and phone number on class lists.

YES NO

*** By signing this application, the undersigned agrees to pay the total amount of tuition and fees for the 2018-2019 school year. In the event of payment default, CSK reserves the right to cancel the student's enrollment and the undersigned agrees to pay the expenses of enforcement and collection, including attorney's fees and costs.**

APPLICATION FOR ENROLLMENT AND PERMISSION AND LIABILITY RELEASE-SIGNATURE REQUIRED:

Parent Name (PRINTED): _____ **Signature:** _____

DATE: _____

Tuition Payment Options: Amount due from page \$ _____ Check enclosed: Check # _____

Payment in full by credit card: Card # _____ Exp. date: _____

Name as it appears on the card: _____ CVV code _____

Signature: _____ Date: _____

Return this form by fax or e-mail. See address below.

Please have the synagogue office contact me about establishing a recurring monthly payment using my valid credit or debit card. Tuition and fees ***must be paid in full*** by April 30, 2019. *(This option is available to synagogue members only.)*

Please contact me regarding tuition assistance. *(This option is available to synagogue members only)*

All information is strictly confidential.