**The Community School for Lifelong Jewish Learning**

The Ruth & Lewis Davis Religious School

Registration Form 2019-2020

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

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**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

Where did your child previously attend Religious School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades: \_\_\_\_\_\_to\_\_\_\_\_\_

**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 9/1/2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Program Options: (Check all applicable)

 **K thru 6th grade**-Class meets Sunday from 9:30 am - 12:15 pm for Judaic Studies and Hebrew

 **3rd –7th grades -** Class **ALSO** meets each Tuesday from 4:30–6:30 pm for Judaic Studies and Hebrew

□ **8th – 12th grade**- Chai Mitzvah program led by Zach Goldstein; meets once a month

**Religious School Tuition and Fees (please circle amount):**

**K thru 2nd grade** Members: $510 Non-members $725

**3rd – 6th grades** Members: $1020 Non-members $1350

**9th – 10th grades** Members: $385 Non-members $685

**Chai Mitzvah** Tuition:$200 Security for Chai Mitzvah: $50

**Religious School Security Per Child Sundays only** $50 (per child) / Tuesday/Sunday $100 (per child)

**TOTAL DUE FOR THIS STUDENT:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If your child/children is NOT enrolled in a Palm Beach or Broward County public school, please provide a copy of their immunizations.

**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 **2019-2020 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 2019-2020 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 1 **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Check enclosed: Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Payment in full by credit card: Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 confidential.