



Religious School Registration 2017-2018

FAMILY NAME _____
ADDRESS _____

Street Town Zip
HOME TELEPHONE NUMBER _____ E-MAIL _____

PARENT #1 NAME _____ RELATIONSHIP TO STUDENT _____
EMAIL _____ CELL PHONE _____

PARENT #2 NAME _____ RELATIONSHIP TO STUDENT _____
EMAIL _____ CELL PHONE _____

Was the mother Jewish at time of child's birth? _____
If not, has child been converted to the Jewish faith? _____

EMERGENCY CONTACT INFO (Please provide the name and number of a local family member or friend to be used if parents are unreachable during school hours)

NAME/RELATIONSHIP _____
HOME PHONE _____ CELL PHONE _____

NAME/RELATIONSHIP _____
HOME PHONE _____ CELL PHONE _____

May we take & use your child(ren)'s photo?

_____ Yes, for any use _____ Display in school _____ Or Shalom Bulletin
_____ Emails to congregants _____ Newspaper ads/articles _____ NO, not for any use

STUDENT #1

LAST NAME _____ FIRST NAME _____

HEBREW NAME (spelled phonetically) _____

DATE OF BIRTH _____ GRADE (2017-18 SCHOOL YEAR) _____

SCHOOL CHILD ATTENDS _____

T-SHIRT SIZE (please circle one): CHILD S M L XL ADULT S M L XL

ALLERGIES OR MEDICAL CONDITIONS: _____

STUDENT #2

LAST NAME _____ FIRST NAME _____

HEBREW NAME (spelled phonetically) _____

DATE OF BIRTH _____ GRADE (2017-18 SCHOOL YEAR) _____

SCHOOL CHILD ATTENDS _____

T-SHIRT SIZE (please circle one): CHILD S M L XL ADULT S M L XL

ALLERGIES OR MEDICAL CONDITIONS: _____

FOR OFFICE USE: Received by _____ Date: _____

INFORMATION FOR PARENTS:

HOURS/LOCATION

Sundays 9:00-11:30AM (JCC LOCATION)

Wednesdays 4:00-6:00PM (CONGREGATION OR SHALOM)

TUITION

Preschool	\$0
Lower School (Grades K, 1, 2)	\$600
Upper School (Grades 3-6)	\$700
Bar/Bat Mitzvah Class (Grade 7)	\$700 (+\$75 Oneg fee)

*Please note: 1/3 deposit is required at time of registration. All tuition must be paid in full by the last day of school.

Please print and return all forms to the office by August 30th