

**Temple Sinai Religious School
2008-09 Registration Form**

PLEASE RETURN ALL REGISTRATION FORMS WITH PAYMENT BY AUGUST 1ST

Contact Sunny Brownrout, Financial Secretary, 926-4517, to make alternative payment arrangements

First and Last Name of Parent(s)/Guardian _____

TUITION

Name of student	Entering grade	Tuition due•

TOTAL TUITION DUE \$ _____

HORAY SINAI (Voluntary donation)

Yes, I would like to support Horay Sinai

___\$18 ___\$36 ___\$54 ___\$118 \$ _____

TOTALS

Total amount due \$ _____

Less amount enclosed \$ _____

REMAINING BALANCE DUE BY AUGUST 1ST \$ _____

Tuition/Fees Schedule

Grades	Class Schedule	Tuition
K-2	Sunday 9:00 – 11:45 a.m.	\$462••
3-6	Sunday 9:00 – 11:45 a.m. Wednesday 5:00 – 6:30 p.m	\$750
7-9	Sunday 10:45 – 11:45 a.m.	\$252
10	Sunday 10:45 – 11:45 a.m.	\$352 (\$252 + \$100 Confirmation Fee*)

- There is a 50% reduction in tuition for 3rd and 4th children in the same family
- Kindergarten tuition is waived for all graduates of The Gan

The Confirmation Fee covers the cost of the Confirmation class dinner, a class photo, and other Confirmation enhancements.

**Temple Sinai Religious School
2008-09 Emergency Contact Form**

FAMILY CONTACT INFORMATION

Name of Student _____ Birthdate _____

Address _____ E-mail _____

Parent/Guardian One

Name _____ Home phone _____

Address _____

Cell phone _____ E-mail _____

Parent/Guardian Two

Name _____ Home phone _____

Address _____

Cell phone _____ E-mail _____

Parent(s) is/are presently (circle one): Single Married Separated Divorced

If separated or divorced, please send school mailings—postal and e-mail—to (circle one): **Both** parents **Mother** Only **Father** Only

PICK UP AUTHORIZATION

The following people are authorized to pick up my child from school:

1. Name _____ Phone _____

2. Name _____ Phone _____

EMERGENCY CONTACT INFORMATION

In case of emergency parents/guardians will be called first. If they are unavailable, the following person(s) will be contacted:

Name _____ Relationship to child _____

Home phone _____ Cell phone _____

Please list all medical conditions, medications, and allergies (including food allergies) that could affect your child's medical treatment. Provide specifics and detailed descriptions so that in case of emergency doctors can act appropriately.

Child's physician's name _____ Phone # _____

Health insurance company _____ Plan# _____

In case of emergency your child(ren) will be taken to the CLOSEST hospital. If you have a preference, please write your choice here _____.

I have read the information above and understand the emergency plan. The answers I have provided here are accurate.

Signed _____ Date _____ **OVER →**

Temple Sinai Religious School Confidential Student Information

Please complete one confidential questionnaire for each child. This information is vital in order for us to successfully teach and work with your child. This information will remain confidential and will be shared only with your child's teacher and the Director.

Student's Name _____

Student's Hebrew Name (if known) _____

Public/private school _____ Entering Grade _____

Does your child have any learning differences such as ADD, ADHD, dyslexia, or other learning challenges?

Is your child receiving any medication for any of the above? ___ Yes ___ No

If yes, what medication(s)? _____

Describe any special medical history or condition that might be important for us to watch for such as allergies, hearing problems, etc., as well as psychological or behavioral issues:

What additional information about your child that might be helpful to his/her teacher?

How would you describe your family's Jewish life at home and how your child feels about attending Religious School?

___ I DO / ___ I DO NOT give permission for my child's photo to be used in Temple and Religious School publicity.

Parent Signature _____ Date _____

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