

## Temple Sinai Religious School 2010-2011 Registration Form

*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 total amount enclosed \$ \_\_\_\_\_

REMAINING BALANCE DUE BY AUGUST 1<sup>ST</sup> \$ \_\_\_\_\_

### Tuition/Fees Schedule

Grades	Class Schedule	Tuition
K-2	Sunday 9:30 a.m. – 12 noon	•\$462
3-6	Sunday 9:30 a.m. – 12 noon Tuesday (LWR) 4:30 – 6:00 pm OR Wednesday 5:00 – 6:30 pm	\$750
7-9	Sunday 10:15 a.m. – 12 noon	••\$288
10	Sunday 10:15 a.m. – 12 noon	\$388 ((\$288 + \$100 Confirmation Fee*)

- Kindergarten tuition is complimentary for all graduates of The Gan
- Religious School enrollment and attendance is required through the entire Bar/Bat Mitzvah year

*There is a 50% reduction in tuition for the 3<sup>rd</sup> child in the same family*

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

**Return to: Temple Sinai Religious School, 4631 S. Lockwood Ridge Road, Sarasota, FL 34231**

**Temple Sinai Religious School  
2010-2011 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 ADD, ADHD, dyslexia, or other learning challenges? If so, let us know so we can best help him/her.

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Does your child take 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:

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

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

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_