



# TEMPLE SHOLOM RELIGIOUS SCHOOL 2016-2017 REGISTRATION FORM



## Student & Family Information:

<b>Student Name:</b>		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Hebrew Name:		Date of birth:	MM / DD / YYYY
Home Address:		Home Phone:	( ) - -
School Name 2016-17:		Grade 2016-17:	

<b>Mother's Name:</b>		Home Phone:	( ) - -
Home Address:		Work Phone:	( ) - -
E-mail:		Cell Phone:	( ) - -
Temple Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: One parent is required to be a member as of July 1 <sup>st</sup> for students in grades 1-7.	Religious Background:

<b>Father's Name:</b>		Home Phone:	( ) - -
Home Address:		Work Phone:	( ) - -
E-mail:		Cell Phone:	( ) - -
Temple Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: One parent is required to be a member as of July 1 <sup>st</sup> for students in grades 1-7.	Religious Background:

Sibling Name:		Date of Birth:	MM / DD / YYYY	2016-17 Grade:	
Sibling Name:		Date of Birth:	MM / DD / YYYY	2016-17 Grade:	
Sibling Name:		Date of Birth:	MM / DD / YYYY	2016-17 Grade:	
Sibling Name:		Date of Birth:	MM / DD / YYYY	2016-17 Grade:	

**Emergency Contacts:** We always call parents first so please list additional names in the order you want them called:

Name:	Relationship to Student:	Cell Phone:	Phone:
		( ) - -	( ) - -
		( ) - -	( ) - -
		( ) - -	( ) - -

## Student Health Information:

Pediatrician Name:		Phone:	( ) - -
Student takes medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Student has allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Student wears glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Students who require medication must present a physician's note and all medication must be taken in the presence of the Religious School Director.	
Student wears contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student uses hearing aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student has special education needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: If yes, the Religious School Special Education consultant will contact you confidentially to discuss what accommodations may be planned to support your child's religious education program.	

**Transportation:** Please list all individuals (including yourself) who will transport your child to and from Religious School.

Name of Individual Transporting Student:	Cell Phone:	Phone:
	(    ) -    -	(    ) -    -
	(    ) -    -	(    ) -    -

**Religious School Directory Listing:** Please indicate if you would like to be included in the 2016-2017 Religious School Directory. This directory will only be given to Religious School families. It is not intended for distribution to any outside source or for solicitation of any kind not directly related to a school function or activity. Please check one below:

<input type="checkbox"/> Yes, list the student in the directory.	<input type="checkbox"/> Yes, list the student in the directory, but indicate home number is unlisted.	<input type="checkbox"/> No, do not list the student in the directory.
--	--	--

**Photo Opt-In/Out:** I have read the Policy on Use of Photographic and Video images in the Religious School Handbook and understand the safeguards for the use of images of my child(ren) for communication and promotional purposes, including the No Name Identification, Website removal at request, Email & Print Use, and image Modification provisions. I understand that by enrolling, I hereby provide my authorization and release of images of my child(ren) consistent with the policy, unless explicitly opting out by checking the following statement or by my subsequent written or e-mail request to the Religious school Director:

- ☐ I hereby opt-out and do not authorize release of images of my child(ren) consistent with the Policy.

**Registration Preferences:** The number of class sessions offered on Sunday/Tuesday or Sunday/Wednesday depends on the number of students in the grade. Due to financial constraints, we are not always able to offer a second class on Wednesday; our most popular choice. We encourage you to consider Sunday/Tuesday to take advantage of the smaller class sizes. **Placements are determined based on the timeliness with which the financial obligations are met, and the availability of space in the preferred class. To indicate your preference, please check one below:**

<input type="checkbox"/> Gan – Bet (Grades K - 2): Sunday 9:30 am – 12:00 pm	<input type="checkbox"/> Gimmel – Zayin (Grades 3 - 7): Sunday 9:30 am –12:00 pm and Tuesday 4:30 pm – 6:30 pm	<input type="checkbox"/> Gimmel – Zayin (Grades 3 - 7): Sunday 9:30 am –12:00 pm and Wednesday 4:30 pm – 6:30 pm
---	--	--

**Registration Fees and Tuition:** In order to budget for Religious School, the Temple must know how many students will be enrolling. Therefore, **the deadline to return this application is May 10, 2016.** A non-refundable registration fee must accompany each student's registration as outlined below. Your choice of elective, and day of the week, will be determined by your registration date.

Non-Refundable Registration Fee	✓	Fee for Returning Family	Fee for New Family
With registration before April 10, 2016:	<input type="checkbox"/>	\$100 per child	\$100 per child

Please make registration checks payable to Temple Sholom and mail the form and payment to Temple Sholom Religious School, P.O. Box 6007, Bridgewater, New Jersey 08807 or bring to the Religious School office. You will receive an e-mail from Susan Greenstein ([rssecy@temple-sholom.net](mailto:rssecy@temple-sholom.net)) confirming receipt of your registration no later than the cut-off dates in the above table.

Tuition for the Religious School for 2016-2017 will be determined as part of the Temple's annual budget process to be finalized at the Temple Annual Meeting. All fees due to the Temple per your July 2016 invoice must be settled by August 5, 2016 for your child's Religious School registration to be finalized and your class assignment issued.

Please sign below to acknowledge you have read the information contained in this registration form and have provided complete information for your child:

Signature of Parent Completing Registration:  Date: