2016-2017 Rabbi Solomon Geld Religious School Registration Form

Student First Name _____ Middle Name _____ Last Name _____

□ Male □ Female Hebrew Name _____ Nickname _____ D.O B. _____/ _____/_____

Street Address _____ Apt. _____ Subdivision _____

City _____ State _____ Zip _____ Home Phone # _____

Mother's Name _____ Mother's work # _____ Mother's Cell _____

Father's Name _____ Father's Work # _____ Father's Cell _____

Mother's Email _____ Father's Email _____

□ Married □ Separated □ Divorced □ Widowed / Child Lives With _____

If separated or divorced, address information for other parent:

Street Address _____ Apt. _____ Subdivision _____

City _____ State _____ Zip _____ Home Phone # _____

Name of Secular School _____ School Grade as of 8/15 _____

Religious School Grade as of 8/15 _____ Last Religious School Grade Completed _____ When? _____

Where? _____ □ New Student? □ Returning Student?

Any special or new situations in the child's life we should know about? If yes, please explain: _____

_____

Besides Parents, please give 2 emergency contacts:

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Besides Parents, please give the names of person's authorized to pick up your child(ren):

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Please list any food allergies your child(ren) have

_____/_____/_____

SUNDAY SCHOOL for PRIMARY GRADES (K - 2) Classes meet from 9AM - 12PM [CHECK GRADE]

□ Kindergarten □ P1 - 1st Grade □ P2 - 2nd Grade

RELIGIOUS SCHOOL **Aleph (3rd grade) to Heh (7th grade) [CHECK GRADE]

Sunday (9 AM - 12 noon) & Wednesday (4:45 - 7:15 PM)

☐ *ALEPH* (3rd) ☐ *BET* (4th) ☐ *GIMMEL* (5th) ☐ *DALED* (6th) ☐ *HEH* (7th)

FEE SCHEDULE:

K-2 Sunday School: $675

Aleph-Daled (3rd - 6th grade): $995 (1st child); $975 (2nd child); $865 (3rd child)

HEH Class (7th grade): $1095

I herewith submit registration for my child, as listed above, for the Temple Beth Am (TBA) Religious School Program during the 2015-2016 school year. I understand that session and class placement of my child is left to the discretion of the Education Director. I agree to promptly pay all tuition fees as properly assessed by Temple Beth Am according to their policies. In the event of an emergency and 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 TBA to select a physician 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 serves as a release form for any trip on which my child participates during the 2015-2016 school year. I hereby release and agree to defend, indemnify and hold TBA (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. I am aware of my child's obligation to attend Shabbat services as listed in the Parent Manual.

♦ *TBA has my Permission to use photos taken of my child & publish my address, email & phone number on class lists.* □ **YES** □ **NO**

Parent Signature: _____ **Date:** _____