

Temple Israel of the City of New York
Religious School Registration Form 2010-2011

Section I - Student Information

* Indicates that these fields need only be completed for new students and/or if there are updates to your info.
To enroll additional students, please use a separate form.

Student Name

*Hebrew Name *Gender

*Date of Birth *Age.....

*Regular School *Grade (Fall 2010)

Special Needs.....

Allergies

Section II - Family Information

Parent #1

Name

*Address

*City *State *Zip

*Phone: Home Cell Work

*Email

*Occupation Hebrew Name

*I was raised.....(Religious Upbringing)

*I am interested in getting involved with the RSPA (Parents Association) YES NO
All communication will go to Parent #1 unless you indicate otherwise by completing Parent #2 information below:

Parent #2

Name

*Address

*City *State *Zip

*Phone: Home Cell Work

*Email

*Occupation Hebrew Name

*I was raised.....(Religious Upbringing)

Section III - Program Selection

Kindergarten	Monday	4:15 – 5:40pm
1 st , 2 nd , 3 rd Grades	Wednesday	4:15 – 5:45pm
4 th , 5 th , 6 th Grades	Monday & Wednesday	4:15 – 5:45pm
7 th Grade	Thursday	4:15 – 5:45pm
8 th Grade	Thursday	4:15 – 5:45pm
9 th Grade	Thursday (3 x month)	5:45 – 7:00pm
10 th Grade	Thursday (3 x month)	5:45 – 7:00pm
11 th , 12 th Grades	Monthly	Time/Date T.B.A

Teaching Assistant opportunities - for 8th - 12th grades - Limited Space. [Read More.](#)

Section IV- Placement

Please try to place my child with the following child(ren):

1st choice Student Name

Regular School Grade (Fall 2010)

2nd choice Student Name.....

Regular School Grade (Fall 2010)

Section V - Drop-off and Pick-Up/Early Arrival

Arrival: Please indicate how your child will get to Religious School. Select all that apply.

School bus Public transportation (on his/her own) Dropped off Walking alone
Other: Please explain

My child will attend the early arrival program from 3:30 – 4:10pm

Dismissal: Please indicate how your child will get home from Religious School (circle one)

Public transportation (on his/her own) Dropped off Walking alone
Other: Please explain

If being picked up, my child will be met by Mom Dad Other – please complete section VI

I give my child permission to exit the building alone in order to be met by a car or taxi.

Section VI - Emergency Contact Information (in addition to parents)

Check Here if this person is authorized to pick up your child

Name Relationship.....

Phone: Home Cell Work

Check Here if this person is authorized to pick up your child

Name Relationship.....

Phone: Home Cell Work

Check Here if this person is authorized to pick up your child

Name Relationship.....

Phone: Home Cell Work

Check Here if this person is authorized to pick up your child

Name Relationship.....

Phone: Home Cell Work

Section VII - Tuition Summary & Payment

Please refer to *Course Description & Tuition* for fees.
For tuition paid in full on or before June 15, 2010 you may deduct \$25 per student.

Student \$.....
Tuition Amount

Temple Israel subsidizes Religious School education in the amount of \$500 per student (on average), the true cost of which is not reflected in the fees. Should you wish to cover the real cost of educating your child in our Religious School, please add \$500 to your total (or per student if you are able). The extra revenue will be applied to our Religious School Scholarship Fund which will ensure that we continue to welcome all students wishing to learn here.

Payment Option A: Enclosed is my payment for the full amount due.
Please select the method of payment: Check Cash Credit Card (fill in box below)

Please make checks payable to Temple Israel of the City of New York

Payment Option B: I would like to pay in 2 installments. (In order to choose this option, you must provide us with a credit card number.) My first installment will be paid by (select one) check credit card at the time of registration. The second payment is due Monday, November 15 and will automatically be charged to my credit card. Parents choosing Option B must provide their credit card information in order for the registration to be processed.

I authorize Temple Israel of the City of New York to charge my Visa, Master Card or American Express for any and all balances due to Temple Israel of the City of New York Religious School.

Cardholder's Name..... Card Type:.....
Billing Address (if different from home address).....
City State Zip
Credit Card #: Exp. Date: Security Code.....
Cardholder Initials: Amount Paying:

A family must be a Temple Israel member in "good standing" for 2010-2011 before their child can be enrolled in one of our educational programs.

I/we agree to abide by all the policies and decisions of Temple Israel of the City of New York Religious School. I also understand that there are no refunds on any of the Religious School Registration Fees or Tuitions after October 1, **2010** and that the tuition fee includes a \$100 non-refundable deposit.

Initials _____ Date: _____

Temple Israel Religious School is affiliated with the Union of Reform Judaism

Financial Aid

It is the mission of Temple Israel of the City of New York to provide a Jewish education to all its families. Financial aid is available but must be approved by the Temple's Financial Committee.

I am applying for Financial Aid. Please send me a Financial Aid application. Applications are handled in the strictest confidence.

Temple Israel of the City of New York
Religious School Permission Slip 2010-2011

I/we give my permission for my/our child:

Student Name Grade to take trips with his/her class this year. I/we understand that the students will be adequately supervised and accompanied by his/her teacher at all times.

Signature or Initials _____ Date: _____

The dismissal time after the trips will usually be the same as regular school dismissal however please note trip times when information about an upcoming trip is sent home in the event that the students return to the Temple later than usual. On trip days students will meet at the Temple and may travel by bus, subway, van or walk as a group to our destination. Following our program, the students will return to the Temple as a group for dismissal. Students will be dismissed according to the "pick up" information we have on file with your registration.

School Activities and Trips Medical Consent Form

Parent #1 Name
Phone: Home Cell Work.....
Doctor Name Doctor Phone
Preferred Hospital Name & Address
City State Zip
Allergies.....
Emergency Contact.....

The Parents(s) and/or guardian hereby give(s) permission for the student to take part in any and all authorized activities of the Religious School, including trips that may be made away from the Temple premises. The Parent(s) or guardian releases the Religious School and Temple Israel and its agents and employees from any liability for any accident in connection with these activities other than as a result of gross negligence of the Religious School or Temple Israel and its employees, and indemnifies the Religious School and Temple Israel from any loss or liability they may incur as a result of any damages or injuries caused by the student.

I/we hereby acknowledge that I/we may not be available to provide consent for medical treatment in the event my/our child becomes sick or is injured while attending the Religious School. In the event that I/we am/are not able to give such consent, I/we hereby authorize representatives of the Temple Israel Religious School to act on my/our behalf with respect to the required medical treatment, decisions and consents, until such time as I/we am/are able to provide them.

I/we hereby notify any qualified medical personnel that this authorization is currently in effect and such personnel are hereby directed to act upon this authorization without delay. I/we understand that every effort will be made by the Religious School or those acting on its behalf to contact parents, student's physician and or the emergency alternative contact number listed herein.

Signature _____
or Initials _____ Parent or Guardian _____ Date _____

Please complete one form per student