



School of Living Judaism - Registration Form

2021-2022

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_ F
Child's Hebrew Name \_\_\_\_\_ Birth Date / / / Grade \_\_\_\_\_ (2021-22)
Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Child Resides with \_\_\_\_\_ Home Phone \_\_\_\_\_
Parent 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_
Parent 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_
Primary E-mail Address \_\_\_\_\_
Student's Email Address \_\_\_\_\_

I am interested in volunteering during school hours \_\_\_ Yes \_\_\_ No

Are you a Temple Solel member? \_\_\_ Y \_\_\_ N Member of another synagogue? \_\_\_ Y \_\_\_ N
Has your child attended another Jewish education program? \_\_\_ Y \_\_\_ N Where? \_\_\_\_\_

EMERGENCY CONTACTS:

Name \_\_\_\_\_ Phone: \_\_\_\_\_
Name \_\_\_\_\_ Phone: \_\_\_\_\_
Medical Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_
Policy # \_\_\_\_\_
Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_
Dentist's Name \_\_\_\_\_ Phone: \_\_\_\_\_
Does your child have any allergies? \_\_\_\_\_
Is your child on any medication? \_\_\_\_\_
Is your child vaccinated against measles (MMR)? \_\_\_\_\_ Are other child vaccinations up to date\*? \_\_\_\_\_
Please include any important information about your child \_\_\_\_\_

PICK-UP AUTHORIZATION

Besides parent(s)/guardian(s), who else is authorized to pick up your child from school?

Name \_\_\_\_\_ Name \_\_\_\_\_

Who is not permitted to pick up your child from school?

Name \_\_\_\_\_ Name \_\_\_\_\_

- My family will attend and participate fully in the school program, unless otherwise agreed upon with the Religious School director or teacher. We will arrive on time, stay until the end, and remain in the online program (or on the premises when deemed ready for reopening). If my child needs to leave the premises early, s/he will bring a note from a parent or guardian and will wait in class until released by the teacher. If early release is not pre-planned, parents must contact the school office or teacher. Students will not be released based on a cell phone call directly to the student.
I understand that vandalism, disturbing the peace, or other inappropriate behavior, as determined by any teacher or member of the administrative staff, will not be tolerated. I understand that I will have to pay for any damage that is caused. I further understand that any such vandalism or inappropriate behavior could result in suspension or expulsion.
Temple Solel School programs may be photographed from time to time by our staff and media. Possible uses for these photos can include, but are not limited to: school projects, publication in editorial and promotional print materials, publication on Temple Solel's web site, Facebook, and publication in newspapers, magazines, and other materials. By signing below, you agree that Temple Solel, its agents or assignees, and media outlets may use these photos, and that neither your child, nor you or your agents or assignees, will be entitled to any compensation for such uses.
All religious school fees must be paid in full by January 1, 2022. Membership dues (if applicable) must remain current throughout the year. I agree to have my child up to date on all usual pediatrician recommended vaccinations at time of attendance.

I agree to the above and am registering my child for the Temple Solel School of Living Judaism.

Parent's Signature

Date

Student's Signature

Date

**One Fee includes Registration, Tuition, Security, Books or Online Materials.**

<u>Grade</u>	<u>Class Schedule</u>	<u>Fees</u>
K-5	Sunday 10am - noon	\$360
6-8	(Pre-Bar/Bat Mitzvah) Sunday 10 am-noon	\$360

Sundays include: **T'fila (educational worship service)**  
**Discussion of Jewish Values, Holidays, and D'var Torah**  
**Individual or small group Breakout Sessions**  
**Bar/Bat Mitzvah prep with Cantor Rosen**

**Payment Information**

50% non-refundable deposit due at time of registration.  
 Payment due in full by January 1, 2022.

**Payment Options:**

\_\_\_\_\_ 50% Now \_\_\_\_\_ Full Payment Now  
 \_\_\_\_\_ Call to set up arrangements

Check # \_\_\_\_\_ Made payable to Temple Solel

-Or- Visa MC AmEx Discover

Name on card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CV Code \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Office Use Only**

Membership Code \_\_\_\_\_

Date Received \_\_\_\_\_

Tuition Charged \_\_\_\_\_

Adjustment \_\_\_\_\_

Total \_\_\_\_\_

Deposit \_\_\_\_\_

Balance Due \_\_\_\_\_

\_\_\_\_ Entered into data

\_\_\_\_ Email confirmation sent