

Temple Emanuel

Religious School Registration Form

Religious School Fees: 2017-2018

Sunday School Tuition \$ 360/child
 Hebrew School \$ 180/child

Maximum for a member family is \$1,000.00

FAMILY INFORMATION	
Parent/Guardian Name & Address: Email:	Billing Name & Address:
EMERGENCY CONTACT (include address)	PHONE NUMBER
Previous Balance Due: Total Registration Fee:	Amount Paid: <div style="text-align: right;">Date:</div>

First Child's Name:	Hebrew Level:
Child's Hebrew Name:	Child's Date of Birth:
Special Information (i.e., medical, learning difficulties, allergies):	Total fee:

Second Child's Name:	Hebrew Level:
Child's Hebrew Name:	Child's Date of Birth:
Special Information (i.e., medical, learning difficulties, allergies):	

Third Child's Name:	Hebrew Level:
Child's Hebrew Name:	Child's Date of Birth:
Special Information: (Allergies, medical, learning difficulties)	

Please note there will be several field trips and off-campus events.
You will be responsible for filling out and returning a field trip form for each
off-campus activity and field trip

I give my permission for photographs and /or videos of my child (children),

_____ to be taken while they are participating in school activities
and programs. These photographs and/or videos could be displayed in the school, on our synagogue
website, or in the Menorah and flyers.

Print your name

Parent's Signature

I DO NOT give my permission for photographs and/or videos of my child (children).

_____ to be taken while they are participating in school activities
and programs. I understand that if I do not give my permission, my child will be asked to stay on the
side while photographs or videos are being taken.

Print your name

Parent's Signature

I understand that every effort will be made by the teachers and staff to contact me PRIOR to first aid or
treatment being started, but in the event of an emergency I give my permission for emergency first aid
and/or treatment to be given to my child in the event of illness or accident.

Print your name

Parent's Signature

If my child needs to be treated at a hospital please: _____ send to _____ hospital.
_____ sent to closest available hospital

Print your name

Parent's Signature