

# Congregation Shir Shalom Religious School 2019-20 Tuition & Fees Payment Form

Family Last Name \_\_\_\_\_ Students' Last Name \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ (if different)

## Tuition Schedule:

Please enter the appropriate program and tuition amounts below.

Program/Grade:	Early Registration: (Until June 15)	Summer Registration: (June 16-August 15)	Regular Registration: (After August 15)
K/1 <sup>st</sup> Grade	\$795	\$895	\$995
Grades 2/3	\$855	\$955	\$1,055
Grades 4-6	\$1,430	\$1,530	\$1,630
Grade 7	\$1,455	\$1,555	\$1,655
SAJE	\$810	\$810	\$810
SMP	\$750	\$750	\$750
SLP	\$200	\$200	\$200
SAJE & SMP	\$1,335	\$1,335	\$1,335

## Registration:

Please enter your information below using the Tuition Schedule above.

Student Name:	Program/Grade:	Tuition: (use "Tuition Schedule" above)
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
<b>Tuition Subtotal (Add lines 1-5):</b>		<b>6.</b>
<b>Additional Fees:</b>		
<b>7. Administrative Fee</b> (per student; waived if tuition payment made in full at time of registration, by cash/check) # of Students _____ x \$25:		<b>7.</b>
(grades K-7) Registration Fee (per family):		<b>8. \$100</b>
<b>Donation to Molly &amp; Gregory Religious School Scholarship Fund:</b>		<b>9.</b>
<b>Tuition &amp; Fee Total (Add lines 6-9):</b>		

Congregation Shir Shalom is sustained through the support and generosity of our congregants. Discounted rates are based upon the date registration is completed. Registration is complete after all Religious School tuition and fees are paid in full AND your membership is in "good standing" relative to your financial obligations to support our sacred community.

PAYMENT: Please make checks payable to: Congregation Shir Shalom

Check # \_\_\_\_\_ Amount of check/cash: \_\_\_\_\_ Paid by Cash \_\_\_\_\_  
 Credit Card payments: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card # \_\_\_\_\_ CV2 CODE \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_  
 Total credit card amount approved: \$ \_\_\_\_\_ Authorization (signature) \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_ Cardholder Telephone: ( ) \_\_\_\_\_  
 Cardholder Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

[Office Use: \_\_\_ Date RS PIF \_\_\_ IGS Y/N]

## 2019-20 Congregation Shir Shalom Religious School Student Registration Form

One registration form is needed for **each** enrollee in the Religious School K-12 Programs.  
Please return payment form, payment, registration and medical forms to Lori Stalowicz in our business office.  
Membership must be in *good standing* and tuition **paid in full** for registration to be complete.

Place "A" here if student has food or medication allergies (Add details on page 2)

**Prior Hebrew instruction:** No  Yes  If not at Shir Shalom, # years

**Student Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Hebrew Name

**Home Address:** \_\_\_\_\_  
Address City State Zip

**Home Telephone:** (  ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Attending 9/2019:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Do you wish mailings to be sent to a parent living in another household?** Yes  No   
**Name & Address:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_ (  ) \_\_\_\_\_  
Parent #1- Last Name, First Name Work Telephone

**Parent #1 Email:** \_\_\_\_\_

\_\_\_\_\_ (  ) \_\_\_\_\_  
Parent # 2 - Last Name, First Name Work Telephone

**Parent #2 Email:** \_\_\_\_\_

**Cell Phone #s:** (  ) \_\_\_\_\_ (  ) \_\_\_\_\_  
Parent # 1 Parent # 2

*\*Contact information may be used by "Grade Parent" to create email lists.*

**Important Volunteer Opportunity: Elect to be a Grade Parent!!**  
**(Please circle one)      Yes      Yes/If Needed      No**  
*Please consider becoming a class parent. Responsibilities are minimal but it is in the interest of all Religious School families that each grade has a parent representative.*

**Class Placement Requests** - Parent may request placement of their child in class with one other student. **Please do not list more than one name.** Students will be placed together *only if* it is educationally appropriate: **Name of ONE friend:**

\_\_\_\_\_

**Congregation Shir Shalom Religious School  
Emergency/Medical Information Form  
(Must be completed & signed)**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Responsible Parent and Telephone **(during Religious School hours):**

Name: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Alternate Contact For Emergency: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_

**Allergies to food:** \_\_\_\_\_ **Symptoms:** \_\_\_\_\_

**Allergies to medications:** \_\_\_\_\_

\_\_\_ Check here if allergies are seasonal. Allergy prescriptions year round: Yes No

Is the child taking medication regularly (not for seasonal allergies) or being treated for any condition?

If so, please list/explain:

\_\_\_\_\_

**Any other important medical/educational needs during Religious School hours:**

\_\_\_\_\_

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name)("Participant"), to attend and participate in any Shir Shalom children/youth ministry activities, events, retreats and childcare during the period of September 1, 2019 - May 31, 2020.

**LIABILITY RELEASE:** In consideration of Shir Shalom allowing the Participant to participate in religious school activities (worship, meetings, activities, and field trips). I, the undersigned, do hereby release, forever discharge and agree to hold harmless Shir Shalom, its clergy, directors, employees, volunteers and teachers (collectively herein the "Temple") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the religious school activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in religious school activities, including trips away from the temple premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Temple for any liability sustained by said Temple as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto. The undersigned also gives the Temple permission to use Participant's photograph or video image on behalf of Shir Shalom including, but not limited to publicity, web content, advertising, and marketing.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Shir Shalom. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

**Parent Signature** \_\_\_\_\_

**Print Parent Name** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/2019

**IMPORTANT: Please indicate in a separate attachment specific educational needs and/or conditions that apply to your child in order for us to best serve him/her/them (confidential). If your child receives special services in public school, please describe how *our school* can help support the educational process for him/her/them.**