

Congregation Shir Shalom Religious School 2020-21 Tuition & Fees Payment Form

Family Last Name _____ Students' Last Name _____

(if different)

Today's Date: _____

Tuition Schedule:

Program/Grade:	Early Registration: (Until July 15)	Summer Registration: (July 16-August 15)	Regular Registration: (After August 15)
K/1 st Grade	\$820	\$920	\$1,020
Grades 2/3	\$880	\$980	\$1,080
Grades 4-6	\$1,455	\$1,555	\$1,655
Grade 7	\$1,480	\$1,580	\$1,680
SAJE	\$360	\$360	\$360
SMP (1 st year only)	\$775	\$775	\$775

***Bar/Bat Mitzvah Fees: Two installments totaling \$1,250**

The \$1,250 bar/bat mitzvah fee is payable \$625 in Grade 5 and \$625 in Grade 6. These installments may be paid now; otherwise they must be paid, and account must be in good standing, prior to assignment of event date and tutor, respectively.

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.	Tuition Subtotal (Add lines 1-4):	5.
6.	Administrative Fee <u>Discount</u> - A discount of \$25 per student may be taken if tuition payment is made in full at time of registration.	6. (\$ _____)
7.	Required Registration Fee (per family, grades K-7):	7. \$100
8.	Voluntary prepayment of bar/bat mitzvah fee: Name of Student: _____	8.
9.	Voluntary donation to Molly & Gregory Religious School Scholarship Fund:	9.
	10. Total Tuition, Fees and Donation (Add lines 5-9):	10.

- To use a discounted rate, all Religious School tuition and fees must be paid in full by the deadline AND you must be current in your financial commitment to Congregation Shir Shalom.
- Registration is not complete until all Religious School tuition and fees are paid in full and you are current in your financial commitment to Congregation Shir Shalom.

PAYMENT: 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 FFR ___ IGS Y/N]

2020-21 Congregation Shir Shalom Religious School
Individual Student Registration Form

One registration form needed for **each** enrollee in the Religious School K-12 Programs.
Return forms and payment to Lori Stalowicz in our business office.
Membership needs to 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)

____ Student's Grade: Fall 2020 Name of K-12 school attending: _____

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: (____) _____

Today's Date: ____/____/____

School Attending 9/2020: _____ **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.*

<p>Important Volunteer Opportunity: Elect to be a Grade Parent!! (Please circle one) Yes Yes/If Needed No <i>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.</i></p>

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** ___/___/2020

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.