

**Congregation Ahavath Sholom Religious School
Registration Form 2010-2011**

Parent Information

Name(s): _____

Address: _____

Preferred Email: _____ Home Phone: _____

Parent's First Name: _____ Day Phone: _____ Mobile: _____

Parent's First Name: _____ Day Phone: _____ Mobile: _____

Additional Parent Information (if needed)

Please complete only if you would like school information sent to a second address.

Name(s): _____

Address: _____

Preferred Email: _____ Home Phone: _____

Parent's First Name: _____ Day Phone: _____ Mobile: _____

Parent's First Name: _____ Day Phone: _____ Mobile: _____

Emergency Information

In the event of an emergency, I hereby give qualified medical personnel permission to secure proper treatment for my child/ren (as listed on the reverse of this form), including (if necessary) hospitalization. I understand that I will be contacted immediately in such a case.

Signature: _____ **Date:** _____

Child Information

(1) Child's name: _____ Birth date: _____

Hebrew name: _____ Email: _____

School name: _____ Grade: _____

Any medications taken regularly: _____

Any allergies: _____

Any special needs your child may have: _____

(2) Child's name: _____ Birth date: _____

Hebrew name: _____ Email: _____

School name: _____ Grade: _____

Any medications taken regularly: _____

Any allergies: _____

Any special needs your child may have: _____

(3) Child's name: _____ Birth date: _____

Hebrew name: _____ Email: _____

School name: _____ Grade: _____

Any medications taken regularly: _____

Any allergies: _____

Any special needs your child may have: _____

(4) Child's name: _____ Birth date: _____

Hebrew name: _____ Email: _____

School name: _____ Grade: _____

Any medications taken regularly: _____

Any allergies: _____

Any special needs your child may have: _____

CAS Religious School Tuition Contract

It is the policy of Congregation Ahavath Sholom to provide a Jewish education to all children of members in good standing. If you have any questions about your financial responsibilities, please contact the Executive Director.

Parent(s): _____

Children's names: _____

One Day of Religious School

Pre-K, Kindergarten, Grades 1-2, Grades 7-9, Confirmation # of children x \$285 = _____

Two Days of Religious School

Grades 3-6 # of children x \$335 = _____

2010-2011 total = _____

Past due balance = _____

Total due = _____

- B'nai Mitzvah training will be billed at the beginning of your child's tutorial (approximately 6 months prior to date).
- There may be additional expenses associated with Confirmation activities, like the Jewish history/culture trip to New York City (if your child participates) and/or the Confirmation service.

I agree to abide by the rules and regulations of Congregation Ahavath Sholom and its Education Department.

I agree to pay all fees as required. I understand that if previous tuition to the Religious School is unpaid and/or dues to Congregation Ahavath Sholom are not current, my child may not be allowed to enroll in Religious School for the 2010-2011 school year.

Signature: _____ Date: _____

For office use only

Ed Fees Current

Shul Dues Current

Other
