

**CONGREGATION AHAVATH SHOLOM RELIGIOUS SCHOOL
REGISTRATION FORM 2016-2017 - JEWISH YEAR 5777**

PARENT INFORMATION

NAME(S):

ADDRESS:

PREFERRED EMAIL: _____

MOM'S DAY PHONE: _____ **CELL:** _____ **HOME:** _____

DAD'S DAY PHONE: _____ **CELL:** _____ **HOME:** _____

EMERGENCY CONTACT OTHER THAN PARENT

NAME: _____ **PHONE:** _____

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 SIDE 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 ENTERING: _____

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 ENTERING: _____

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 ENTERING: _____

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: _____

RELIGIOUS SCHOOL - Pre-K through 8th Grade
Sundays from 9:30am-12:30pm

1 st Child x \$360	_____
2 nd Child x \$324 (10% off)	_____
3 rd Child x \$306 (15% off)	_____

RELIGIOUS SCHOOL - 9th through 12th Grade
Sundays 2x per month 10:30am-12:30pm

\$180.00 _____

2016-2017 TOTAL DUE _____

- THERE MAY BE ADDITIONAL EXPENSES ASSOCIATED WITH CONFIRMATION ACTIVITIES, INCLUDING 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 & 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 2016-2017 SCHOOL YEAR.

SIGNATURE: _____ DATE: _____