

**CONGREGATION AHAVATH SHOLOM RELIGIOUS SCHOOL  
REGISTRATION FORM 2017-2018 - JEWISH YEAR 5778**

**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 8<sup>th</sup> Grade

Sundays from 9:30am-12:30pm

1<sup>st</sup> Child x \$360

\_\_\_\_\_

2<sup>nd</sup> Child x \$324

\_\_\_\_\_

3<sup>rd</sup> Child x \$306

\_\_\_\_\_

RELIGIOUS SCHOOL- 9<sup>th</sup> through 12<sup>th</sup> Grade

Sundays 2x per month 10:30am-12:30pm

\$180.00

\_\_\_\_\_

Kadima Dues (5<sup>th</sup>-8<sup>th</sup> grades) \$15

\_\_\_\_\_

USY Dues (9<sup>th</sup>-12<sup>th</sup> grades) \$20

\_\_\_\_\_

2017-2018 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.
- PLEASE REMEMBER THAT ALL CAS RELIGIOUS SCHOOL STUDENTS MUST BE A MEMBER OF A FAMILY MEMBERSHIP.

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 2017-2018 SCHOOL YEAR.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_