

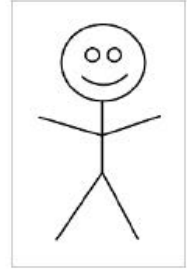
# 2019- 2020 Religious School Registration (please complete one form per child)

<b>Student's full name</b>			
Home address		City	Zip code
Date of birth	/ /	Age:	
Student's email address			Student's Hebrew name
Name of secular school			Grade entering FA2019

New Rodef Sholom student?  Yes  No

**I wish to enroll my child in the following religious school program(s):**

- Sunday School (TK–6)  
 Gesher Wednesday (7)       Gesher Shabbat (7)  
 Midrasha (8–12)



Please attach a photo  
of your child

We will do our best to place your child in the same class with *at least one* of the following friends:

\_\_\_\_\_

	Parent/guardian #1	Parent/guardian #2
Full name		
Address		
City, zip code		
Home phone #		
Day/work phone #		
Cell phone #		
Email		

## Emergency contacts: Please list two people who are authorized to take your child in case of an emergency

	Emergency contact #1	Emergency contact #2
Full name		
Relationship		
Day/work phone #		

Please note: additional medical information and signatures required on reverse.

## Religious School Emergency Medical Release

<b>Student full name</b>			
Doctor's name			
Medical Insurance Carrier		Policy Number	
Medical Insurance phone		Group Number	

**I, the undersigned, authorize Congregation Rodef Sholom to call a physician or seek emergency treatment as necessary for my child, in case of an emergency, and agree to pay all expenses incurred.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical History

Medical diagnosis	Medication	Dosage	Frequency

### Does your child have or has s/he ever had any of the following?

Specific physical condition/illness such as epilepsy, asthma, diabetes, etc.  Yes  No

Known allergies such as peanuts, bee stings, medications, pollens, etc.  Yes  No

If yes, does your child carry an Epi-Pen or similar device on him or her?  Yes  No

**Date of last tetanus shot:**

If you answered "yes" to any of the above questions, or if your child has any learning issues that may require special attention or accommodation, please describe below or speak to Rabbi Lara Regev.

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**2019-2020 Parental Consent — I, the undersigned, have read and agree to the Parental Consent terms listed below:** I give my child permission to attend the education program(s) indicated in this Rodef Sholom religious school registration packet. I hereby release and hold harmless Rodef Sholom, and its respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Rodef Sholom's education programs and participation in any of its programs and activities, and/or use of its facilities. I understand that students must remain on Rodef Sholom grounds from the time they arrive through the end of their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child to leave the grounds for educational programs, under the supervision of the program staff. Rodef Sholom has my permission to photograph and videotape my child in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, publications, web-based historical archive or the presentation of Rodef Sholom educational programs to the community unless otherwise notified in writing by the parent/guardian. I understand that the addresses, phone numbers and email information of students and their families may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parents. The costs of first aid and minor medical care performed on the premises, and not requiring a physician, are covered by the tuition fee. The costs of all other medical care and associated services are the financial responsibility of the student's legal guardian. **I have read and understand the above.**

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

# 2019-2020 Religious School Tuition Agreement

<b>Student's Full Name</b>	<b>Grade</b>	<b>Phone</b>

## Tuition philosophy

It is our philosophy that every child deserves a Jewish education. Special arrangements for contributing less than the full tuition amount may be made by contacting Michael Kamler, our executive director, at 415.479.3441 or michaelk@rodefsholom.org.

## Tuition

Our tuition fees reflect the actual cost of operating our religious school. Families that can afford to contribute the full tuition are encouraged to do so. This allows us to help more families who might otherwise not be able to afford to send their children to school.

## Current Financial Commitment

You must be current in your financial commitment to Congregation Rodef Sholom in order to complete your religious school registration. This means you must submit your annual financial commitment form for 2019-2020 along with your school registration. Annual financial commitment forms can be downloaded at [www.rodefsholom.org](http://www.rodefsholom.org).

## Bar/Bat Mitzvah fees

Bar/Bat Mitzvah fees are not included in the school tuition. Complete B'nai Mitzvah information can be found under the Learning tab of our website, [www.rodefsholom.org](http://www.rodefsholom.org).

## Tuition options

TK-6th Grade Religious School Programs	Tuition
<input type="checkbox"/> TK, K, 1, 2 Sunday School 9:15–11:45 am	\$1250
<input type="checkbox"/> 3, 4, 5, 6 Sunday School 9:15–11:45 am	\$1495
7th Grade Geshher Programs	
<input type="checkbox"/> Geshher (7) Wednesday 5:30 - 8:00 pm	\$1495
<input type="checkbox"/> Geshher (7) Saturday 9:00 am - 12 noon	
8-12th Grade Teen Programs	
<input type="checkbox"/> Midrasha (8–12) 5:30–8:00 pm, Wednesday	\$1495
<b>TOTAL 2019–2020 Tuition</b>	

**PAYMENT: Please complete the payment information on the back of this form.**

**Payment: Choose one of the following methods of payment**

Include with my Rodef Sholom Annual Financial Commitment payments.

Check is enclosed (check # \_\_\_\_\_) for full amount due.

Bill my credit card (enter information below).

\_\_\_\_\_

Print name of responsible party

Signature of responsible party

Date \_\_\_\_\_

**Enrollment is considered complete when your Annual Financial Commitment is submitted.**

**Credit Card Payment Information**

Please consider making an extra donation to cover the cost of the convenience of paying by credit/debit card r \$5.00

*I authorize Congregation Rodef Sholom to keep my signature on file to charge my credit card as indicated below.*

Cardholder Name: \_\_\_\_\_

Card type:

MasterCard  Visa Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please indicate credit card payment schedule preference:  Annually  Semi-Annually  Quarterly