

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 \$50.00

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

2018- 2019 Religious School Registration (please complete one form per child)

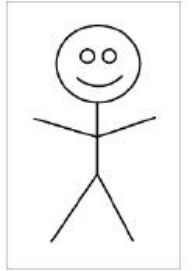
Student's full name			
Home address		City	Zip code
Date of birth	/ /	Age:	
Student's email address		Student's Hebrew name	
Name of secular school		Grade entering FA2018	

New Rodef Sholom student? Yes No

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

- Sunday School (TK-6)
- Geshet Wednesday (7) Geshet Shabbat (7)
- Sunday Hebrew (4-6)
- Midrasha (8-10) Midrasha (11-12) Midrasha electives only (8-12)

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



Please attach a photo of your child

	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

Student's full name			
Doctor's name		Doctor's phone	
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?	Date of last tetanus shot:
Specific physical condition/illness such as epilepsy, asthma, diabetes, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Known allergies such as peanuts, bee stings, medications, pollens, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does your child carry an Epi-Pen or similar device on him or her? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "yes" to any of the above questions, or if your child has any learning issues that may require special attention or accomodation, please describe below or contact Rabbi Lara Regev at lara@rodefsholom.org.

2018-2019 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:** _____

2018-2019 Religious School Tuition Agreement

Student's Full Name	Grade	Phone

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 2018-2019 along with your school registration. Annual financial commitment forms can be downloaded at 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.

Tuition options

TK-6th Grade Religious School Programs	Tuition
<input type="checkbox"/> TK, K, 1, 2 Sunday School 9:15–11:45 am	\$1195
<input type="checkbox"/> 3, 4, 5, 6 Sunday School 9:15–11:45 am	\$1495
7th Grade Geshet Programs	
<input type="checkbox"/> Geshet (7) Wednesday 5:45 - 8:00 pm	\$1495
<input type="checkbox"/> Geshet (7) Saturday 9:00 am - 12 noon	
8-12th Grade Teen Programs	
<input type="checkbox"/> Midrasha (8–10) Including Elective Night 5:45–8:00 pm, Wednesday	\$1495
<input type="checkbox"/> Midrasha (11-12) Including Elective Night 5:45–8:00 pm, Wednesdays, twice monthly	\$995
<input type="checkbox"/> Midrasha (8-12) Elective Night Only 5:45–8:00 pm, Wednesdays, once a month	\$180
Hebrew School	
<input type="checkbox"/> Sunday Hebrew (4–6) 12 noon–1:15 pm at Rodef Sholom	\$250
TOTAL 2018–2019 Tuition	

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