



UNIVERSITY SYNAGOGUE

religious school

STUDENT ENROLLMENT FORM – 2010-2011 • 5771 YEAR

Family Information

The majority of Religious School communications are through email. It is imperative that we have your most up-to-date email for our bi-weekly E-Newsletters. Please be sure that your correct email and contact information is written below – *forms without information provided will not be processed.*

	Student 1	Student 2	Student 3
Student Name (Last, First)			
Date of Birth (MM/DD/Year)			
Gender (M/F)			
Secular School			
Grade in Secular School			
Entering Religious School Grade			

	Parent/Guardian 1	Parent/Guardian 2
Name (Last, First)		
Home Address		
City, Zip		
Home Telephone		
Cell Phone		
Email Address		
Relationship to Student		

Medical and Emergency Information

For communication and emergency purposes, we need the following information:

Child(ren) live(s) with:

Both parents Mother only Father only Other (please explain):

Parents are:

Domestic Partners Married Separated Divorced Widowed

In the case of separation or divorce with shared custody, it is necessary for the school to have contact information for both parents. Please submit this information below if necessary. If not available, please provide an explanation.

EMERGENCY CONTACTS

Please provide us with a name and phone number (other than parent(s)/guardian(s)) to notify in case of an emergency at school, or in the event of a local emergency. Student(s) may be released to this individual. Please also supply your child(ren)'s doctor's name and phone number:

Emergency Name: _____ Phone: (_____) _____

Emergency Name: _____ Phone: (_____) _____

Doctor's Name: _____ Phone: (_____) _____

ALLERGIES

Drug Allergies please specify student(s): _____

Food Allergies please specify student(s): _____

MEDICATIONS

Is your child presently taking medication on a continuing basis? Yes No (please specify student(s):

Name of Medication: _____ Current dosage and schedule: _____

Prescribed for what condition: _____

PERMISSION TO SEEK TREATMENT

In the event of illness or injury, if I/we cannot be reached, I/we hereby consent to whatever medical examination, treatment, and/or hospital care from a licensed physician is deemed necessary for the safety and welfare of my/our child(ren). It is understood that the resulting expenses will be my/our responsibility.

Signature of Parent(s) / Guardian(s): _____ Date: _____

PERMISSION TO GIVE MEDICATION

You have my permission to administer over the counter medications to my child(ren):

(non-aspirin pain reliever and/or external use first aid supplies only)

Signature of Parent(s) / Guardian(s): _____ Date: _____

Student Information

CLASS PREFERENCES

Please list the names of one to three students with whom you wish to have your child(ren) placed, if it is possible for us to do so. Please understand that we do our best to accommodate your requests, while at the same time taking into consideration each child's needs!

Student 1 (name):

1. _____ 2. _____ 3. _____

Student 2 (name):

1. _____ 2. _____ 3. _____

Student 3 (name):

1. _____ 2. _____ 3. _____

PERMISSION TO USE YOUR CHILD(REN)'S PICTURE

Complete this section to indicate your preference regarding use of your child's photo in University Synagogue publicity. Your child(ren)'s photo may be taken periodically, and may appear in congregational publications, our website or e-newsletters, local Jewish and/or secular press, and/or other printed materials. Please specify if you wish for your child's photograph to appear in these publications, and sign below. *No mark or signature will indicate your approval for us to use in your child(ren)'s picture.*

Yes, you have permission to use my child(ren)'s picture.

No, you may not use my child(ren)'s picture.

Parent/Guardian signature: _____

ADDITIONAL INFORMATION

University Synagogue Religious School recognizes that each and every child is unique. Proverbs 22:6 states, **“Teach a child according to his/her own needs.”** Please help enable us to teach your child(ren) according to his/her/their own needs – use this space below to share any special talents, physical or emotional challenges, learning styles, family situations, and/or learning disabilities that might require special attention. (Please include extra pages or documentation as necessary.) This information will be treated with utmost confidentiality by the Religious School administration and faculty.

FAMILY INVOLVEMENT

You make a difference in the success of the programs and activities of the Religious School, in your child's Jewish education, and in your family life. Let us know if you would like to help with the following Synagogue committees:

Religious School Volunteer Parents (RSVP)

Capital Campaign

Mitzvah Corps

Adult Choir

College Connection

Sisterhood

Adult Education

Israel Action

Tikkun Olam

Brentwood Havurah (20s & 30s)

Membership & Outreach

Ways & Means

Fees and Tuition

Parent/Guardian Name(s): _____

Student Name(s): _____

	Fee	# of Students	Total
Katantan (5 times/year) Ages 2-5 (parent required)	\$90 X	_____ = \$	_____
Gan Kindergarten	\$670 X	_____ = \$	_____
Alef-Gimel 1 st – 3 rd grade	\$750 X	_____ = \$	_____
Dalet – Mechinah 4 th – 7 th Grade <i>Fee includes cost of mandatory retreat, which is non-refundable</i>	\$1,230 X	_____ = \$	_____
Tichon – High School 8 th and 9 th Grade <i>Fees include weekly catered dinners</i>	\$850 X	_____ = \$	_____
10 th Grade <i>(Tuition includes \$150 Confirmation/Kabbalat Torah Fee)</i>	\$1,000 X	_____ = \$	_____
11 th and 12 th Grades	\$850 X	_____ = \$	_____
SPECIAL FEES			
Bar/Bat Mitzvah Fee (B/M Date: _____) <i>(Must be paid in full <u>six months</u> prior to date. Includes instruction, materials, Oneg Shabbat/Kiddush, Bemah flowers, security, etc.)</i>	\$1800 X	_____ = \$	_____
Administration Fee <i>(ONLY for those attending full-time Jewish day schools who wish to have bar/bat mitzvah at University Synagogue)</i>	\$100 X	_____ = \$	_____
TOTAL FEE			_____
AMOUNT ENCLOSED (50% deposit required)			_____
BALANCE DUE			_____

SIGNATURE: _____ DATE: _____

By signature, I/we agree and understand that I am (we are) responsible for the agreed upon dues and tuition payments for the year of July 1, 2010 - June 30, 2011, and understand that due to necessary salary planning and budgeting for the year, the Synagogue does not prorate or offer refunds for dues, fees or tuition. I/we also agree that I/we must remain a member(s) in good standing, having fulfilled all financial commitments to University Synagogue in order to receive services including school attendance, High Holy Day tickets, and I or maintaining Bar/Bat Mitzvah dates.

Payment Options: Please select one of the following

- I authorize the balance due to be charged to my credit card below on December 15, 2010
- Or five (5) month payment plan using F.A.C.T.S. starting August, 2010
(F.A.C.T.S. will automatically deduct a one-time \$41 processing fee in August)

CREDIT CARD AUTHORIZATION

CARDHOLDERS NAME: _____ AMOUNT TO BE CHARGED: \$ _____

CREDIT CARD: Visa MasterCard DONATION OF 3% *(to cover credit card expense):* Yes No

CARD NUMBER: _____ CVV# *(Last 3 digits from the back of the card):* _____

EXPIRATION DATE: _____ SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Member application processed: Yes No
Signature: _____