



# UNIVERSITY SYNAGOGUE

## *religious school*

**STUDENT ENROLLMENT FORM – 2009-2010 • 5770 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
<b>Student Name (Last, First)</b>			
<b>Date of Birth (MM/DD/Year)</b>			
<b>Gender (M/F)</b>			
<b>Secular School</b>			
<b>Grade in Secular School</b>			
<b>Entering Religious School Grade</b>			

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

## 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):

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### 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.

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### 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):

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(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.

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### 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
<b>Katantan</b> <i>(once-a-month)</i> Ages 2-4 (parent required)	\$36 X	_____ = \$	_____
<b>Gan</b> Kindergarten	\$625 X	_____ = \$	_____
<b>Alef-Gimel</b> 1 <sup>st</sup> – 3 <sup>rd</sup> grade	\$700 X	_____ = \$	_____
<b>Dalet – Mechinah</b> 4 <sup>th</sup> – 7 <sup>th</sup> Grade <i>Fee includes cost of mandatory retreat, which is non-refundable</i>	\$1,150 X	_____ = \$	_____
<b>Tichon – High School</b> 8 <sup>th</sup> and 9 <sup>th</sup> Grade <i>Fees include weekly catered dinners</i>	\$795 X	_____ = \$	_____
10 <sup>th</sup> Grade <i>(Tuition includes \$150 Confirmation/Kabbalat Torah Fee)</i>	\$950 X	_____ = \$	_____
11 <sup>th</sup> and 12 <sup>th</sup> Grades	\$795 X	_____ = \$	_____
<b>SPECIAL FEES</b>			
<b>Bar/Bat Mitzvah Fee</b> (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	_____ = \$	_____
<b>Administration Fee</b> <i>(ONLY for those attending full-time Jewish day schools who wish to have bar/bat mitzvah at University Synagogue)</i>	\$100 X	_____ = \$	_____
<b>TOTAL FEE</b>			_____
<b>AMOUNT ENCLOSED (50% deposit required)</b>			_____
<b>BALANCE DUE</b>			_____

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, 2009 - June 30, 2010, 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, 2009
- Or five (5) month payment plan using F.A.C.T.S. starting August, 2009  
*(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: \_\_\_\_\_