

LEONARD & BARBARA ZIMET RELIGIOUS SCHOOL STUDENT REGISTRATION FORM

Temple Emanuel membership is mandatory for enrollment in Religious School for grades 1 - 12. One form required per student, please fill out a registration form for each student in your family attending the Religious School. Form due by June 30th.

Today's Date: _____ / _____ / _____

Student's Name Date of Birth Male/Female

Student's Hebrew Name Student's Email

 Home Address City State Zip

H: _____ - _____ - _____ **C:** _____ - _____ - _____
Student's Home Phone Number Student's Cell Phone Number

Mother's Name: _____

Business/Company: _____

B: _____ - _____ - _____ **Home:** _____ - _____ - _____
Mother's Business Phone Number Mother's Home Phone Number

Cell: _____ - _____ - _____ **Email:** _____
Mother's Cell Phone Number

Father's Name: _____

Business/Company: _____

B: _____ - _____ - _____ **Home:** _____ - _____ - _____
Father's Business Phone Number Father's Home Phone Number

Cell: _____ - _____ - _____ **Email:** _____
Father's Cell Phone Number

Who has custody of this student? Mother Father Both

Are you a member of Temple Emanuel? Yes No* *Temple Emanuel membership is mandatory for enrollment in the Religious School for grades 1 through 12. Please see the office for a Temple Emanuel Membership Application.*

Are you a member of another congregation? Yes No
 If yes, what is the name of the congregation? _____

**LEONARD & BARBARA ZIMET RELIGIOUS SCHOOL
STUDENT REGISTRATION FORM**

Student's Name

What grade will the student be in during the upcoming secular school year? ____

Does the student play a musical instrument? Yes No
If yes, what kind of instrument? _____

Does the student have siblings? Yes No
If yes, please list names:

Name 1	Date of Birth	Male/Female
Name 2	Date of Birth	Male/Female
Name 3	Date of Birth	Male/Female
Name 4	Date of Birth	Male/Female
Name 5	Date of Birth	Male/Female

Is the student provided any special services in secular school? Yes No
If yes, what kind? _____

To better serve your child's educational needs, can we contact the secular school for information regarding these services? Yes No
If yes, who should we speak with? _____

Is there any other information we should be aware of that would help us to create the most favorable learning experience for the student? _____

LEONARD & BARBARA ZIMET RELIGIOUS SCHOOL STUDENT MEDICAL/EMERGENCY INFORMATION

Student's Name _____ Date of Birth _____ Male/Female _____

Mother's Name _____ Father's Name _____

Home Address _____ City _____ State _____ Zip _____

H: _____ - _____ - _____ Grade: _____
Home Phone Number

MEDICAL INFORMATION

Does your child have allergies? Yes No

If yes, please indicate which kinds: Insect Food Drug

If yes, please provide details: _____

Does your child wear glasses? Yes No

If yes, are they for: Distance Near Astigmatism

Is there any other medical condition we should be aware of? Yes No

If yes, please provide details: _____

EMERGENCY INFORMATION

Person to contact if parent(s) unavailable: _____
Emergency Contact's Name

P: _____ - _____ - _____
Emergency Contact Primary Phone Number

C: _____ - _____ - _____
Emergency Contact Cell Phone Number or Other Number

Relationship: _____

Physician: _____ P: _____ - _____ - _____
Physician's Phone Number

PARENTAL RELEASE

In case of emergency, if both parents and emergency contact are unavailable, I hereby give Temple Emanuel's Leonard & Barbara Zimet Religious School permission to take whatever steps necessary to provide my child with proper medical care.

Parent Signature

Date

LEONARD & BARBARA ZIMET RELIGIOUS SCHOOL FEES

Effective April 1st, 2011

This Religious School Registration form has been filled out for:

Student's Name: _____ Grade: _____

As parents of above named student, we accept and understand that enrollment acceptance for all students in Grades 1 through 12 in the Religious School is based on our having and maintaining membership in good standing at Temple Emanuel as well as subject to acceptance by the Religious School Registrar.

We also understand and accept the following:

The Religious School Registration Form (4 pages) along with the non-refundable \$50 tuition deposit & book fees for each student are due by June 30th.

All applications received by the office after June 30th will incur a \$25 late charge.

Tuition must be paid in full within 60 days of the first day of Religious School.

Children whose tuition is not paid in full within 60 days of the first day of Religious School will not be permitted to continue in school.

Book fees are mandatory and must be paid in full by the first day of religious school.

Date: _____

Parent Name(s): _____

Parent Signature(s): _____

Religious School Fees: *(\$50 deposit per child registering is included in the below fees)*

- Grades Pre-K, K, 1,2 & 8-10 _____ \$350 # of Children: _____
- Grades 3-7 _____ \$575 # of Children: _____
- Maximum charge per family _____ \$1500 # of Children: _____

If your family needs financial assistance, please contact our Confidential Dues Committee at 845-338-4271x128.

Religious School Fees Paid - \$ _____

\$25 Late fee if registering after June 30 - \$ _____

Book/Material Fees:

Book/Material Fees are mandatory and must be paid in full by the first day of Religious School. ***Please provide separate check for Book/Material Fees from Religious School fees.***

- Pre K/K: \$20 (Materials Fee)
- Grades 1, 2 & 8: \$45.00
- Grades 3-7: \$80.00
- Grades 9-12: No Fee

Method of Payment for Book/Material Fees: Cash or Check

Date Paid: _____ Amount Paid: \$ _____

Please return this form and payment to us by June 30th to:
Temple Emanuel • 243 Albany Avenue Kingston, NY 12401 • 845-338-4271x101 • Page 4 of 4

FOR TEMPLE USE ONLY Date Form Received: _____ Received by: _____

Book/Material Fee Method of Payment: Amount Received: \$ _____ Cash or Check - Check #: _____

Approved by Religious School Registrar: Yes No Comments: _____