

Schedule & Tuition 2011-12 (One for each child)

Student name- Last	First	Middle	Hebrew (in English)
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Age	birth date (mm-dd-yyyy)	Grade in public school in Sept
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Members in good standing – Check class attending

GRADE	AGE	DAYS AND HOURS	TUITION	
Pre-K	4 year olds	Sundays 9:00-12:30 pm	\$150	_____
Kindergarten	5 year olds	Sundays 9:00-12:30 pm	\$150	_____
Grade 1	6 year olds	Sundays 9:00-12:30 pm	\$150	_____
Grade 2	7 year olds	Sundays 9:00-12:30 pm	\$150	_____
Grade 3	8 year olds	Sundays 9:00-12:30 pm		
	(Grade 3) “Chagigat Hasiddur” supplies: \$50 + \$150			_____
Grade 4	9 year olds	Sundays 9:00-12:30 pm	\$150	_____
Grade 5	10 year olds	Sundays 9:00-12:30pm	\$150	_____
Grade 6	11 year olds	Sundays 9:00-12:30 pm	\$150	_____
Grade 7	12 year olds	Sundays 9:00-12:30 pm	\$150	_____
Confirmation	13 -15 years old	Sundays 9:00- 12:30 pm		
	(Confirmants only) “Confirmation” supplies: \$50 + \$150			_____

Non-Members - Circle one

GRADE	AGE	DAYS AND HOURS	TUITION CLASS	
Pre-K thru Confirmation		Sundays 9:00-12:30 pm	\$300.00	_____

***You may be enrolled in our school for 1 year without being a member.**

Student Photo

Temple Beth Shalom Religious School Emergency Medical Information 2011-12 (2 per student)

Name of Student (last)	First	Middle
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Name of Physician	Phone	
<hr/>		
Address (Physician)	City	Zip
<hr/>		
Name of Dentist	Phone	
<hr/>		
Address (Dentist)	City	Zip

If injury or illness is minor, do you authorize Temple Beth Shalom to administer first aid? Yes No

If injury or illness is serious & you can't be reached, do you wish your personal physician or dentist to be contacted? Yes No

Please explain any allergies or medical conditions of which the school needs to be aware:

Insurance carrier:

Policy number:

Student Photo

Temple Beth Shalom Religious School Emergency Medical Information 2011-12 (2 per student)

Name of Student (last)	First	Middle
<hr/>		
Name of Physician	Phone	
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Address (Physician)	City	Zip
<hr/>		
Name of Dentist	Phone	
<hr/>		
Address (Dentist)	City	Zip

If injury or illness is minor, do you authorize Temple Beth Shalom to administer first aid? Yes No

If injury or illness is serious & you can't be reached, do you wish your personal physician or dentist to be contacted? Yes No

Please explain any allergies or medical conditions of which the school needs to be aware:

Insurance carrier:

Policy number:

If you cannot be reached in case of an emergency, give the name(s) of the person(s) to be notified and/or to whom the child can be released:

1. _____
Name (Relationship) Phone

Address City Zip

2. _____
Name (Relationship) Phone

Address City Zip

3. _____
Name (Relationship) Phone

Address City Zip

I hereby grant permission to Temple Beth Shalom to call a physician/dentist for necessary medical care or hospitalization for my child in case of an emergency, after trying to notify me first. Further, I release Temple Beth Shalom; it's officers, agents and employees, from any and all liability.

Signature of Parent or Guardian Date

Phone # Cell # Pager #

Address City, Zip E-mail Address

If you cannot be reached in case of an emergency, give the name(s) of the person(s) to be notified and/or to whom the child can be released:

1. _____
Name (Relationship) Phone

Address City Zip

2. _____
Name (Relationship) Phone

Address City Zip

3. _____
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