

****BOTH SIDES OF THIS FORM MUST BE COMPLETED****

**Congregation Shir Shalom Religious School
REGISTRATION INFORMATION FORM 2016 - 2017**

PARENT 1

PARENT 2

| | | |
|------------------------|-------|-------|
| Parent Names | _____ | _____ |
| Home Address | _____ | _____ |
| Home Phone | _____ | _____ |
| Work Phone | _____ | _____ |
| Cell Phone | _____ | _____ |
| *Email Address* | _____ | _____ |

- * Who should we consider the primary contact for your family? ___ Parent 1 ___ Parent 2 ___ Both
- * If separated/divorced: Who is the custodial parent? ___ Parent 1 ___ Parent 2 ___ Both
- * If separated/divorced: Who should receive school mailings? ___ Parent 1 ___ Parent 2 ___ Both
- * Would you be willing to offer volunteer help for school events? ___ Parent 1 ___ Parent 2 ___ Both

1ST CHILD

2ND CHILD

3RD CHILD

| | | | |
|--------------------|-------|-------|-------|
| First & Last Name: | _____ | _____ | _____ |
| Grade (Fall 2016): | _____ | _____ | _____ |
| Birth Date: | _____ | _____ | _____ |
| School Attending: | _____ | _____ | _____ |
| School Phone No.: | _____ | _____ | _____ |
| Student Email: | _____ | _____ | _____ |
| Hebrew Name: | _____ | _____ | _____ |

- * I give permission for the use of my child's photograph for Religious School/Synagogue promotional purposes.
 ___ Yes / ___ No | ___ Yes / ___ No | ___ Yes / ___ No
- * May we share your child's and family contact information in a Religious School Directory?
 ___ Yes / ___ No | ___ Yes / ___ No | ___ Yes / ___ No
- * My child has permission to travel by car or bus with the Congregation Shir Shalom Religious School for the 2016-17 school year. ___ Yes / ___ No | ___ Yes / ___ No | ___ Yes / ___ No
- * I hereby grant permission for my child to participate in all Religious School activities for the 2016-17 School year. ___ Yes / ___ No | ___ Yes / ___ No | ___ Yes / ___ No
- * Please list any food allergies or other medical concerns that we should be aware of for your child(ren).

1ST CHILD

2ND CHILD

3RD CHILD

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | | | |
|------------------------|-------------|-------------|---------|------------------|
| OFFICE USE ONLY | Date Rec'd. | Amount Paid | Check # | Database Updated |
| | | | | |

RELIGIOUS SCHOOL FEES

| | Grades K – 2 | Grades 3 - 7 | Grades 8 - 12 <i>Mussar Class</i> |
|---|--------------|--|--------------------------------------|
| TUITION*: <small>including books & materials</small> | \$ 335 | \$585 | \$125 |
| <ul style="list-style-type: none"> All 6th graders and new 7th graders will receive a personalized prayer book during Kabbalat Torah v' Siddur service as a gift from the CSS Sisterhood. Once a family reaches \$1,170 in tuition in K-7 registration, the tuition for each subsequent child (grades K - 7) will be reduced by 25% of the regular tuition. | | | |
| BAR/BAT MITZVAH FEE: | \$450 | All 7 th graders | |
| CONSECRATION FEE: | \$36 | All Kindergarteners and all students NEW to Congregation Shir Shalom Religious School. | |
| CONFIRMATION: | \$50 | 10th graders who will be attending BJE Hebrew High Confirmation Class. | |

- You **MUST** be a member in good standing to register your child(ren).
- Families whose tuition is **paid in full by July 15th** will receive a **discount of \$25** for each child that they are registering for **grades K-7**.
- A MINIMUM REGISTRATION DEPOSIT OF \$100 PER STUDENT** along with **Registration Forms is due** to the Religious School office **by August 12th**. The non-refundable registration deposit will be applied to your Religious School bill. Registration Forms received without a deposit will be returned to you.
- 50% of your Religious School bill is due by September 9, 2016 and the balance will be due by Dec. 31, 2016.**
- PLEASE NOTE:** Registration will not be processed for any family that has not paid outstanding Religious School and/or membership obligations by June 30, 2016. You must make arrangements for a payment plan with our Executive Director, Joanne Marquisee, before registering for Religious School.
- Please call the temple Executive Director, Joanne Marquisee, with any concerns or billing questions.

| | 1 ST CHILD | 2 ND CHILD | 3 RD CHILD |
|----------------------|-----------------------|-----------------------|-----------------------|
| Tuition: | | | |
| Bar/Bat Mitzvah Fee: | | | |
| Consecration Fee: | | | |
| Confirmation Fee: | | | |

Total Tuition and Fees: \$ _____

IF PAID IN FULL BY 7/15/16 - Less Discount of \$25.00 per child registered (K-7): \$ _____

Total Religious School Bill: \$ _____

This form is a contract for the 2016-17 school year.

| | |
|---|----------------------------|
| Parent Signatures: Parent 1: _____ Parent 2: _____ | Date: _____ Date: _____ |
|---|----------------------------|