

TZEDEK V'SHALOM RELIGIOUS SCHOOL
 Registration Form • 2009-2010/5770



Please complete one registration form per child.

Enrollment:

Name of Child (First, Last)	Grade	Birthdate	Hebrew name
School	Email (if applicable)		

Parent Information:

Parent(s) Name(s)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Email		

Are you a member of Tzedek v'Shalom? yes / no

Please note that non-members may register their children in our school for their first year. After that, the family must become members of the congregation.

Has your child received religious education in the past other than at Tzedek v'Shalom? Please explain. _____

NOTE: ALL INFORMATION PROVIDED BELOW IS CONFIDENTIAL AND FOR INSTRUCTIONAL AND SAFETY PURPOSES ONLY. Please make us aware of any of your child's health needs (circle all that apply):

Dyslexia ADHD Vision impairment Hearing impairment Speech impairment

Language delays Auditory processing disability Autism Asthma Diabetes

Other (Please describe) _____

Allergies (specify) _____

Is your child following a behavior modification program? _____

Does your child have an IEP? _____ Will you share the results with us? _____

Does your child take any medications? (specify) _____

What else would be helpful to know about your child? _____

In case of an emergency, parents will be called first. If parents cannot be reached, please list a contact person:

Name _____ Relationship _____ Phone # _____

PARENTS' PERMISSION:

In case of a medical emergency, and if parent or designated person cannot be reached, your signature grants permission for Religious School staff to arrange for your child to be taken to a hospital:

Tuition Information:

	Members		Non-Members	
	(1 st child)	(each additional child)	(1 st child)	(each additional child)
Grades 1-2	\$ 575	\$ 550	\$ 790	\$ 765
Grades 3-7	\$ 815	\$ 790	\$1130	\$ 1105
Books and Materials Fee for Grades 1-7	\$ 75 per child			
Jewish Discovery Circle	\$160			

No child will be turned away due to inability to pay. For assistance with tuition, please contact Rabbi Anna Boswell-Levy at 215-287-5128 or rabianna@gmail.com.

Tuition Worksheet (per child)

Tuition	
Books and Materials Fee	
Voluntary Donation to the Jordan Wallis Memorial Education Fund This fund was established in 2004 to defray the cost for families less able to pay and assists in funding informal educational opportunities.	
Total per child	

I/we understand that once my/our child is registered, it is for the full academic year, and I /we agree to pay all tuition and fees for the entire year.

I/we agree to support the Tzedek v'Shalom Religious School by participating in family education programs and participating in the school co-op.

Signature of Parent or Guardian

Signature of Parent or Guardian

Date

Date

<p>Do you know of any family who may be interested in learning about our Religious School? If so, we would be grateful if you would provide their contact information below:</p>	
Name: _____	_____
Name /Age of Child(ren) _____	_____
Address _____	_____
_____	_____
Email: _____	_____