



Religious School Registration Form
September 2017-May 2018/Hebrew Year 5777-5778

Please return one form per child learner by **August 18** to JulieSolomon@templesholom.net
or
10828 Kenwood Rd, Building B, Blue Ash, OH 45242

Name	Hebrew Name	Date of Birth	Grade
Name & Relationship of Parent/ Guardian		Name & Relationship of Parent/ Guardian 2	
Cell Phone 1	Home	Cell Phone 2	Home
Street Address 1		Street Address 2	
Email 1		Email 2	

Religious School for grades preK age 4 - 8th grade meets on Sunday from 9:15 am - 11:45 am followed by a community lunch. Hebrew School for grades 2-6 follows on Sunday from 12:00-1:15 pm. Please come join us for a family-friendly off-site program once a month—

Child details: please list any information that will help us create the best learning environment possible for your child. All information is confidential.

1. My child has the following academic, behavioral or special needs at home and in secular school:
2. My child has the following health issues (e.g. allergies) that your should be aware of
3. My child takes the following medication(s)
4. Please share any other information we should know that will help us to create a safe, effective and meaning educational experience for your child

If there is a chance your child will need an EpiPen, inhaler, Benadryl, etc. during school hours, please provide us with an unopened package of the medication, instructions, and contact phone numbers in a plastic zip-lock bag.

A. IF REASONABLE ATTEMPTS TO REACH ME FAIL, I HEREBY GIVE MY CONSENT FOR

1. The administration of any treatment deemed necessary by my preferred doctor below;
2. The transfer of the child to my preferred hospital
_____ or any hospital reasonably accessible; and
3. Any medical treatment deemed necessary under the circumstances.

Signature of Parent or other Legal Guardian

Date

B. I DO NOT GIVE MY CONSENT for emergency medical treatment of my child.

Signature of Parent or other Legal Guardian

Date

Emergency Contact Information

Primary Physician	Physician Phone
Dentist	Dentist Phone
Non-Guardian Contact Name & Relationship 1	Phone Number
Non-Guardian Contact Name & Relationship 2	Phone Number

Use of Images in the Media

I, the undersigned, do hereby consent and agree that Temple Sholom, its employees, or agents have the right to take photographs, videotape, or digital recordings ("Images") of me or my child indicated above beginning on September 1, 2017 and ending on May 27, 2018 and to use these in any and all media exclusively for the purpose of communicating the educational activities of the Temple. I do hereby release to Temple Sholom, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my image in whatever media used. Child last names will not be used with media images.

Signature of Adult Learner, or Parent or other Legal Guardian of Child Learner

Date

School Fees Worksheet
Please Complete one worksheet per family

\$280	Per first child in Religious School (grades preK-8)	\$
\$225	*Per additional child in Religious School	\$
\$210	Per first child in Hebrew (grades 2-6)	\$
\$205	*Per additional child in Hebrew	\$
\$25	Consecration fee (first year of formal Jewish education)	\$
\$150	B'nai Mitzvah fee (6 th grade only)	\$
\$35	Confirmation fee	\$
\$395	Per student in KULANU Cincinnati Reform Jewish High School (Sunday Evenings)	\$
	Total School fees	\$

Please return forms by **August 18th** so that we can finalize our classroom assignments to JulieSolomon@templeholom.net

or

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