**[](http://www.templesholom.net/_kd/go.cfm?destination=Page&Pge_ID=1001)**

Religious School Registration Form

September 2016-May 2017/Hebrew Year 5776

Please return one form per child learner by August 26to [JulieSolomon@templesholom.net](mailto:Educator@templesholom.net) or

10828 Kenwood Rd, Building B, Blue Ash, OH 45242

**Religious School for grades K-8 meets on Sunday from 9:15-11:45 followed by a community lunch. Hebrew School for grades 2-6 follows on Sunday from 12:00-1:15. Please come join us for a family-friendly off-site program every 4th week of school—check the schedule and templesholom.net for details!”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | | Hebrew Name | | Date of Birth | Grade |
| Name & Relationship of Parent/ Guardian 1 | | Name & Relationship of Parent/ Guardian 2 | | | |
| Cell Phone 1 | Home | | Cell Phone 2 | Home | |
| Street Address1 | | Street Address 2 | | | |
| Email 1 | | Email 2 | | | |

***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.

|  |
| --- |
| **Medical Consent for Child Learner; sign A or B** |
| 1. IF REASONABLE ATTEMPTS TO REACH ME FAIL, I HEREBY GIVE MY CONSENT FOR 2. The administration of any treatment deemed necessary by my preferred doctor below; 3. The transfer of the child to my preferred hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any hospital reasonably accessible; and 4. Any medical treatment deemed necessary under the circumstances.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent or other Legal Guardian Date |
| 1. I DO NOT GIVE MY CONSENTfor 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, 2016 and ending on May 25, 2017 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 K-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 (6th grade only) | $ |
| $35 | Confirmation fee | $ |
| $395 | Per student in KULANU Cincinnati Reform Jewish High School (Sunday Evenings) | $ |
|  |  |  |
|  | **Total School fees** | $ |

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