

# Religious School (Pre-K thru 10<sup>th</sup> grades) Registration Form 10-11

Please return with Tuition to RST Office no later than August 16, 2010      Tuition check # \_\_\_\_\_

Please indicate here if you need to discuss a payment plan for tuition. \_\_\_\_\_

1 child = \$285; 2 children = \$285+\$260 = \$545; 3 children = \$285+\$260+\$220 = \$765; 4 children=\$985

Any additional children = \$220 each

**Please enroll my child(ren) Seventh Grade – Bar/Bat Mitzvah year**

Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Does your child attend Hebrew School?       yes       no

If yes, what grade? \_\_\_\_\_

Does/did your child attend the Hebrew Academy?       yes       no

Are there any problems that affect your child's class behavior, performance, or participation of which the teacher should be aware? Please include specifics on any allergies.

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## **Other Grades:**

Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Does your child attend Hebrew School?       yes       no

If yes, what grade? \_\_\_\_\_

Does your child attend the Hebrew Academy?       yes       no

Are there any problems that affect your child's class behavior, performance, or participation of which the teacher should be aware? Please include specifics on any allergies.

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Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Does your child attend Hebrew School?       yes       no

If yes, what grade? \_\_\_\_\_

Does your child attend the Hebrew Academy?       yes       no

Are there any problems that affect your child's class behavior, performance, or participation of which the teacher should be aware? Please include specifics on any allergies.

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Father's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Mother's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Please indicate here if you wish to **deny** permission to use photos of yourself and/or your children in synagogue-related activities. \_\_\_\_\_ Parent/Guardian signature and date