


RST Religious School (Early Childhood 3's and 4's thru 10th grades) Registration Form 18-19

 **NOTE!** Religious school sessions will be held in the new temple with Sunday prayers in the new sanctuary. The first day of school is Sunday, Sep. 23, 2018 when the Sukkah will be decorated and more!

Please return with Tuition to RST Office no later than September 7, 2018 Tuition check # _____

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

REQUIRED support of ONE per student fee/family to the Institute of Southern Jewish Life (ISJL) = \$36/family
1 child = \$285+ 36= \$321; 2 children = \$285+\$260= \$545+36=\$581; 3 children = \$285+\$260+\$220 =\$765+\$36=\$801
Any additional children = \$801 +\$220 each additional child

PLEASE NOTE: In addition to religious school attendance, future RST Bar/Bat Mitzvah students attend the mid-week Hebrew School at the UJC in Newport News from 3rd-6th grades, but we highly encourage attendance at that school as early as kindergarten.

Please enroll my child(ren):

1st Child's Name (English) _____ (Hebrew) _____

Birth date _____ Grade _____ Bat/Bat Mitzvah Year? Yes ___ No ___

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. _____

2nd Child's Name (English) _____ (Hebrew) _____

Birth date _____ Grade _____ Bat/Bat Mitzvah Year? Yes ___ No ___

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. _____

3rd Child's Name (English) _____ (Hebrew) _____

Birth date _____ Grade _____ Bat/Bat Mitzvah Year? Yes ___ No ___

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. _____

Father's Name (English) _____ (Hebrew) _____

Mother's Name (English) _____ (Hebrew) _____

Address _____

Phone: (Home) _____ (Cell) _____

Emergency # to call during Religious School hours, if different from cell above: _____

Parent Email Address _____

Please sign here if you wish to **deny** permission to use photos of yourself and/or your children in synagogue-related activities. ___ Photo denial: _____ Parent/Guardian signature and date