

# RST Religious School (Early Childhood 3's and 4's thru 10<sup>th</sup> grades) Registration Form 20-21

Please return with Tuition to RST Office no later than August 23, 2020 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 campus in Newport News from 3<sup>rd</sup>-6<sup>th</sup> grades, but we highly encourage attendance at that school as early as kindergarten.

## Please enroll my child(ren):

1<sup>st</sup> Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_  
Birth date \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Bar/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. \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_  
Birth date \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Bar/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. \_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> Child's Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_  
Birth date \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Bar/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 \_\_\_\_\_