

RST Religious School (Early Childhood 3's and 4's thru 10th grades) Registration Form 22-23

Please return with Tuition to RST Office no later than August 23, 2022 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 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 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. _____

2nd 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. _____

3rd 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 _____