

Union Temple Religious School Registration 2019-2020/5780

Parent Information

PARENT 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Occupation: _____

Union Temple Member: Yes No

PARENT 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Occupation: _____

Union Temple Member: Yes No

Student Information

STUDENT 1

Name: _____

Hebrew Name: _____

Birthdate: _____ Gender: _____

2019-20 Grade: _____ Secular School: _____

Student 2

Name: _____

Hebrew Name: _____

Birthdate: _____ Gender: _____

2019-20 Grade: _____ Secular School: _____

Student 3

Name: _____

Hebrew Name: _____

Birthdate: _____ Gender: _____

2019-20 Grade: _____ Secular School: _____

Requests

You may list up to two friends you would like your child to be in class with. While we will do all we can to honor requests, we cannot guarantee students will be together.

Child 1 _____

Child 2 _____

Child 3 _____

Emergency Contact Information

Local Person to Contact in Case of Emergency

(If we cannot reach parents)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Additional adults who have permission to pick up your child:

My child has permission to walk home at the end of Religious School:

Child 1

Child 2

Child 3

***If child needs to leave early a parent must come into the school to pick them up.**

Healthcare Professional

Name: _____

Phone: _____

Medical Insurance Co: _____

Policy Number: _____

Immunization, Allergies and Health Concerns:

Please provide a copy of the immunization record for each of your children. **If your child has not been immunized, please provide a doctor's note.**

Child 1

Immunized: Yes No

Allergies/Health Concerns: _____

Child 2

Immunized: Yes No

Allergies/Health Concerns: _____

Child 3

Immunized: Yes No

Allergies/Health Concerns: _____

I/We the undersigned parent(s) of minor(s) _____ do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special treatment service, or special instructions of our physician or other physician called in any emergency by the Director of Youth and Family Engagement, Rabbi, or responsible adult in the event I/we cannot be reached, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that conscientious effort will be made to notify me or my spouse before such action is taken; but, if this is not possible, the expense of this service will be accepted by me. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. This consent shall remain effective until revoked.

Parent Signature: _____

Date: _____

2019-2020 Payment Agreement

Union Temple of Brooklyn Religious School

Grade	Member Amount	Non Member Amount	Late Member Amount After 8/1/19	Late Non Member Amount After 8/1/19
Pre-K-1 st Grade	\$800	\$1000	\$900	\$1100
2 nd -4 th Grade	\$1000	\$1200 (must join in 4 th grade)	\$1100	\$1300
5 th -7 th	\$1200	Must be member	\$1300	Must be member
<i>Union Temple Preschool graduates get Free Kinder Kef Religious School Tuition</i>				

All families must pay a \$20 per student snack fee in addition to tuition.

Child's Name: _____ Grade: _____ @ \$ _____

Child's Name: _____ Grade: _____ @ \$ _____

Child's Name: _____ Grade: _____ @ \$ _____

Safety Fee (Non-Refundable; if member, fee is included in membership dues) \$300

10% Discount (on tuition) for families with siblings (\$_____)

Snack Fee (\$20 per student) # of students: _____ x\$20 = \$ _____

Total: @ \$ _____

To be paid as follows:

_____ Plan A 100% with Registration

_____ Plan B \$100 non-refundable deposit plus safety and snack fees due with Registration
 25% by September 22, 2019
 25% by November 3, 2019
 Balance of tuition by December 15, 2019

I agree to pay Union Temple tuition as specified in the enrollment agreement. I understand that if I wish to withdraw my child from the program for any reason, I must give notice in writing to the Director of Youth and Family Engagement. I understand that if I withdraw my child prior to November 15 I will receive a full refund less the \$100 non-refundable deposit and \$250 non-refundable safety fee. I understand that after February 1 no refunds will be given. If I withdraw my child between November 15 and February 1, I understand that my refund will be prorated based on the number of days my child was in school. Documented extenuating circumstances will be considered on a case-by-case basis.

Parent Signature: _____ Date: _____

If you need further financial assistance please contact the Temple President Beatrice Hanks, by email at beatricehanks@hotmail.com.



Parent Release Forms

Photo

On occasion photographs or videos of the students are taken at school. Please sign below to give us consent to use these photographs in our bulletin or our website.

- Child 1
- Child 2
- Child 3

PHOTO/MEDIA RELEASE

- I hereby grant permission for the Religious School to utilize artwork, photographs, or any other visual representation of my son/daughter in connection with any Religious School brochure, video, website, promotion, advertising or other media.
- I DO NOT grant permission for the Religious School to utilize artwork, photographs, or any other visual representation of my son/daughter in connection with any Religious School brochure, video, website, promotion, advertising, or other media.

Parent Signature: _____ Date: _____

Religious School Permission Slip

I give my child(ren) _____ permission to accompany his/her Union Temple Religious School class on neighborhood walks, trips to the park and Botanic Garden for the 2019-2020 school year.

Parent Signature: _____ Date: _____

Religious School Directory

Please check off which information you would like published in the Religious School Directory. **This directory will only be shared with Religious School families and Union Temple staff.**

Please use only the Family Names in the Directory

Please include all the information

Parent Signature: _____ Date: _____

Parent Volunteer Form

Jewish education is a partnership between the families and the synagogue. Both are vital components in a successful program. Throughout the Religious School year we rely on parents for a variety of things, including helping in the classrooms, at special events, and sharing your skills and talents.

Parent Communication

From time to time the Director of Youth and Family Engagement will ask parents to help do some outreach about a particular program. The parent would email or call a small group of parents to encourage participation.

I would like to help with Parent Communication.

First Friday Family Shabbat Pizza Sponsorship

Families have the opportunity to sponsor pizza for \$30 at First Friday Family Shabbat. If you are in a hurry and don't have time to cook or pick up food, sponsor pizza. The Temple will order the pizza, all you have to do is bring your \$30 to services.

I would like to sponsor pizza (\$30) at a First Friday Family Shabbat. Please contact me if you do not have a sponsor.

Skill/Talent

Do you have a skill or talent that you would be happy to share with the Religious School? For example: Have you recently visited Israel and would be willing to talk to your child's class? Do you play a musical instrument? Do you love to cook and would be happy to assist a teacher in a cooking project? Are you an artist?

My skill/talent is: _____

Special Projects

I would be happy to help with special projects throughout the year. For example:

- | | |
|--|---|
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Chanukah Celebration |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> Purim Celebration |
| <input type="checkbox"/> High Holy Day Programming | <input type="checkbox"/> Passover Celebration |
| <input type="checkbox"/> Tu Bi'Shevat Programming | <input type="checkbox"/> Social Action Projects |

Name: _____

Phone: _____ Email: _____

Child(ren): _____