

Religious School Registration Form 2019-2020

Registration for: _____

CHILD(REN)'S NAME(S)

Communication About Registration			
Full Name		Email Address	
Phone Number		Type of Phone Number	H W C

Parent/Guardian 1			
First Name		Last Name	
Relationship to child(ren)		Email Address	
Full Mailing Address		May we text?	Yes No
Home Phone #		Cell Phone #	
Work Phone #		Occupation	

Parent/Guardian 2			
First Name		Last Name	
Relationship to child(ren)		Email Address	
Full Mailing Address		May we text?	Yes No
Home Phone #		Cell Phone #	
Work Phone #		Occupation	

Parent/Guardian Information			
All correspondence should go to:	Parent/Guardian 1	Parent/Guardian 2	Both Parents/Guardians
Are there custodial issues that we need to be aware of:			

Child I Information			
Full Name		Nickname	
Hebrew Name		Sex	
Birthday		Bar/Bat Mitzvah Date	
Grade 2019-2020		IEP in School?	
Support Needs			
School District			
Full Home Address			
Medical Information			
Medical Conditions			
Current Medications			
Food Allergies		Other Allergies	
Special Instructions			
Doctor Information			
Doctor Name		Practice Phone #	
Practice Address			
Health Insurance Information			
Health Insurance Company			
Policy Number		Subscriber Name	
CLASS SELECTION			
Grades K-2 (1 class/wk - \$355) Grades 3-6 (2 classes/wk - \$710) B'nai Mitzvah Fee* (\$730)		Grades 7-9 (1 class/wk - \$355) Grade 10 (Confirmants) - (1 class/wk - \$484)	

Family Name: _____

Child 2 Information			
Full Name		Nickname	
Hebrew Name		Sex	
Birthday		Bar/Bat Mitzvah Date	
Grade 2019-2020		IEP in School?	
Support Needs			
School District			
Full Home Address			
Medical Information			
Medical Conditions			
Current Medications			
Food Allergies		Other Allergies	
Special Instructions			
Doctor Information			
Doctor Name		Practice Phone #	
Practice Address			
Health Insurance Information			
Health Insurance Company			
Policy Number		Subscriber Name	
CLASS SELECTION			
Grades K-2 (1 class/wk - \$355) Grades 3-6 (2 classes/wk - \$710) B'nai Mitzvah Fee* (\$730)		Grades 7-9 (1 class/wk - \$355) Grade 10 (Confirmants) – (1 class/wk - \$484)	

Family Name: _____

Child 3 Information			
Full Name		Nickname	
Hebrew Name		Sex	
Birthday		Bar/Bat Mitzvah Date	
Grade 2019-2020		IEP in School?	
Support Needs			
School District			
Full Home Address			
Medical Information			
Medical Conditions			
Current Medications			
Food Allergies		Other Allergies	
Special Instructions			
Doctor Information			
Doctor Name		Practice Phone #	
Practice Address			
Health Insurance Information			
Health Insurance Company			
Policy Number		Subscriber Name	
CLASS SELECTION			
Grades K-2 (1 class/wk - \$355) Grades 3-6 (2 classes/wk - \$710) B'nai Mitzvah Fee* (\$730)		Grades 7-9 (1 class/wk - \$355) Grade 10 (Confirmants) - (1 class/wk - \$484)	

Family Name: _____

Emergency Contact Form

Child's First Name: _____ **Child's Last Name:** _____

Date of Birth: ____/____/____

In the event of an emergency, we will always attempt to contact parent(s)/guardian(s) first.

Please list two contacts whom we should contact if we cannot reach the parent(s)/guardian(s).

	Emergency Contact #1	Emergency Contact #2
Name		
Relationship		
Home Phone		
Cell Phone		
Other Phone		

In the event of an emergency and I cannot be reached by phone, I give permission for my child(ren) to receive emergency transportation and medical treatment at the nearest medical center.

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Signature: _____ **Date:** _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Signature: _____ **Date:** _____

Photo Release Form

Child's First Name: _____ Child's Last Name: _____
Date of Birth: ____/____/____

From time to time, photographs may be taken of Temple Ohav Shalom events and programming, including at Religious School. These photographs may be used by Temple Ohav Shalom internally (including on the website, social media, or other materials), or externally (in marketing, or other materials).

Initial the appropriate section below:

I hereby grant Temple Ohav Shalom and the Religious School the right to use photographs of my child for internal and external communication, publicity and marketing.

I **DO NOT** grant Temple Ohav Shalom and the Religious School the right to use photographs of my child for internal and external communication, publicity and marketing.

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Signature: _____ Date: _____

Calculation Form

Name of Family: _____

	Fees / year	Totals
Grades K-2 (one class/wk)	# __ Children x \$355.00	\$
Grades 3-6 (2 classes/wk)	# __ Children x \$710.00	\$
B'nai Mitzvah Fee* (covers a portion of the cost of B'nai Mitzvah preparation)	# __ Children x \$730.00	\$
Grades 7-9 (1 class/wk)	# __ Children x \$355.00	\$
Grade 10 (Confirmands) – (1 class/wk)	# __ Children x \$484.00	\$
Total School Fees Commitment	\$	

*B'nai Mitzvah fees are automatically charged when your child enters 6th grade.
In some cases this may be over one year before the actual date of the Bar or Bat Mitzvah.

Payments: Please select a plan from below and remit your payment based on the selected plan.

- Monthly:** 10 payments (1st payment of 10% due by 8/15/19, Future payments due the 15th of each month)
 Quarterly: 4 payments (1st payment of 25% due by 8/15/19. Future payments due 11/15, 2/15 & 5/15)
 Annual: 1 payment per year

I/We will pay by the following method*:

- Credit Card (credit card processing fee of 4% will apply)
 ACH
 Check

*An authorization form must accompany each registration regardless of payment method chosen.

Should you have any question or financial inquiries, please contact the Temple Treasurer at treasurer@templeohavshalom.org

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Signature: _____ Date: _____

Authorization Form

Name of Family: _____

Credit Card Authorization (must be completed by all families)

I hereby authorize Temple Ohav Shalom to charge my account for Religious School fees, and any additional expenses incurred during the 2019-2020 year. A 4% processing fee will apply.

This authorization is to remain valid unless Temple Ohav Shalom is notified otherwise in writing.

Name on Card: _____ Today's Date: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Visa
 MasterCard
 Discover
 American Express

Credit Card # _____ Expiration Date: _____

Name(s): _____

Signature(s): _____ Date: _____

Authorization Agreement for Direct Payments (ACH Debit)

Member Name(s): _____

I/we hereby authorize Temple Ohav Shalom to initiate debit entries to my/our Checking or Savings account (circle one) indicated below at the depository indicated below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Depository/Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain valid unless Temple Ohav Shalom is notified otherwise in writing.

Name(s): _____

Signature(s): _____ Date: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT ONLY THE RECEIVER MAY REVOKE THE AUTHORIZATION

Please attach a deposit ticket or voided check for the account to allow verification of the financial institution information.