**Temple Emanuel Religious School**

1129 Jefferson Road, Greensboro, North Carolina 27410

(336) 292-7899

***Rabbi Fred Guttman, M.H.L., M.Ed., Rabbi Andy Koren, M.H.L.***

**2019-2020 REGISTRATION**

**Grades Pre-K through 8th Grade**

*You must be a member of Temple Emanuel in order to register your child in Religious School.*

*Children must be registered in Sunday program in order to be enrolled in Mid-Week Hebrew Classes*

**Please Print Neatly**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Name of Student** | **Hebrew Name** | **Date of Birth** | **TERS/ Hebrew Grade** | **Name of Secular School** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

**Please complete all information. It is required for all students in 4th through 6th grade to attend Sunday School and Hebrew School.** If you are not sure of your child’s Hebrew name, please try to find out what it is before the first day of school. If your child does not have a Hebrew name, we can help you choose one!

**Child MUST be age 5 as of 8/31/19 and attending secular Kindergarten to attend Kindergarten at Temple and age 3 by 10/15/19 to register for Pre-K.**

**IMMUNIZATIONS:** Up to date and meet NC requirements Yes No If yes, please enclose copy of vaccination records with the Medical Form. If no, please provide copy of waiver and physician information. See Medical Form for Immunization Policy.

**PARENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent A name: |  | Parent B name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Home Phone: |  | Home Phone: |  |
| Cell Phone: |  | Cell Phone: |  |
| Work phone: |  | Work Phone: |  |
| Email: |  | Email: |  |

*If information is the same for both parents, please write same in Parent B space.*

*If students live with one parent majority of the time, please make that parent, Parent A*.

EMERGENCY CONTACT (If parents are not available or unreachable):

Home Phone: Work/Cell Phone:

**Would you like to be a room parent? Y or N Which Grade:** \_\_\_\_ **Contact Number:**

Kesher responsibilities include acting as a liaison between the Temple, teachers, and parents, as well as attending education committee meetings (optional).

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**2019-2020 PAYMENT INFORMATION**

**Policy on Registration**

Due to liability issues, no child will be admitted into Religious School classes without completed registration materials on file.

**Policy on Tuition Fee Payment**

Temple Emanuel policies require that you must be a member in good standing to register your child/children in Religious School.

Tuition fees must be paid in full or payment plan established before September 1, 2019. A family who is not able to pay the entire amount at one time may make special payment arrangement, such as charging tuition to a credit card in monthly payments by completing the Payment Schedule form in the TERS office.

**No child will be turned away from Jewish education at Temple Emanuel because of financial hardship. Families must apply for scholarship by addressing a letter to the Temple Emanuel Dues committee and mailing it in a separate envelope.**

Please contact Laura Denhardt, Temple Emanuel Executive Director at (336) 292-7899 with questions and/or concerns.

**TUITION FEES FOR 2019-2020**

|  |  |  |
| --- | --- | --- |
| **Sunday School**  **Pre-K-8th Grade** | **Mid-Week Hebrew**  **4th-6th Grade** | **Bar/Bat Mitzvah Training** |
| |  |  | | --- | --- | | 1 child: | **$425** | | 2 children: | **$810** | | 3 children: | **$1170** | | High School Tuition | **$150** | | |  |  | | --- | --- | | 4th/5th Grade: | **$250** | | 6th Tues & Wed: | **$460** | | **$740**  Billed 6-9 months prior to date  Payable in full 30 days prior to event |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sunday Tuition** | # of children: |  | Total: |  |
| **Mid-Week Hebrew School** | # of children: |  | Total: |  |
| **Bar/Bat Mitzvah Training** | # of children: |  | Total: |  |
| **High School Tuition** | # of children: |  | Total: |  |
|  |  |  |  |  |
| **Total Due:** |  |  |  |  |

**Please indicate how you would like to be billed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Full Payment due by 9/1/2019 |  | Semi-annually due 9/1/2019  & 1/1/2020 |  | Monthly (9 month)\*  starting 09/01/2019  through 05/01/2020 |

*\*Credit Card is required for monthly; payments will be automatically charged each month to the credit card provided (Please fill out Credit Card & Billing information Form) Applications received after 9/10 will be charged over 8 months.*

**Student Name(s):**

**Parent Name(s):**

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**2019-2020 MEDICAL FORM**

**All grades (Pre-K through 12th)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | F or M |
| Full Name of Student | Date of Birth | Grade | Gender |

**Medical Information**

|  |  |
| --- | --- |
| Doctor’s name / Phone Number: |  |
| Office Address: |  |
|  |  |
| Dentist’s Name / Phone Number: |  |
| Office Address: |  |
| Hospital Preference: |  |

**Please attach copy of vaccination records to this form (see Immunization Policy on reverse for more info)**

|  |  |
| --- | --- |
| **Please list any allergies your student has:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Please list special medical conditions your student has:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Please list special medications your student takes for these conditions:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Does your child carry an Epi-Pen?** | Yes or No |

Although the recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case, the judgment of the adults in charge will prevail. I agree that the responsible adults may authorize the physician of their choice to provide emergency care in the event that the family physician or I cannot be contacted.

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trips Permission**

I give permission for my child to participate in field trips and to ride in private automobiles of faculty, parents, and friends during field trips. I hereby release the school and all such field trip sites while being transported by such means.

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents will be notified when a field trip occurs.

**Emergency Treatment Permission**

Further, in the event that I cannot be reached in an emergency, I hereby give permission to Temple Emanuel Religious Personal to seek medical treatment as needed for my child.

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IMMUNIZATION POLICY:** Temple Emanuel is committed to providing a safe environment for children who attend our Religious School. In order to maintain a safe environment and to decrease the transmission of preventable childhood diseases, all children who attend Religious School are required to receive all of the recommended vaccines according to North Carolina State law. The only exception to this policy is for a valid, documented medical issue/condition with supporting documentation provided by a North Carolina licensed physician exempting a child from doses of a specific vaccine. No other exceptions to this policy will be accepted.

Children who have not been appropriately vaccinated will not be allowed to attend our Religious School until parents provide proof of required immunizations.

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**2019-2020 MEDIA RELEASE AGREEMENT**

**All grades (Pre-K through 12th)**

I hereby irrevocably consent and grant to Temple Emanuel the perpetual right to distribute, transmit, publish, copy, exhibit or otherwise utilize, either in whole or in part, either in print, digitally or in any other medium now known or later discovered, media incorporating my child’s or children’s likeness without compensation in their publications at their discretion such as, but not limited to, their website, social media, bulletin, promotional materials and/or educational materials.

I understand and agree that the media with my child’s or children’s likeness may be used with or without identifying my child or children as their subject, and that the media may be modified or edited from its original form.

I release and discharge Temple Emanuel and their agents, representatives and assignees from any claim or cause of action, now known or later discovered, for, among other things, invasion of privacy, right of publicity, and defamation arising out of the use of the media.

Student Names:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent Signature |  | Date |

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**2019-2020 PAYMENT**

**Student Name(s):**

**Parent Name(s):**

**PAYMENT FOR FEES**

Please note: Families who do not return by 9/1 will be billed in full.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tuition Paid with Registration: | | | | | $ |  | | | | Due: | $ | |  | |
|  | **Payment**  **(Circle one)** | | Check | | | Credit Card | | Billed | | |
| **Name of Congregant:** | | | |  | | | | | | | | | | |
| **Billing Address:** | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| **Credit Card Request** | | | |  | | | | | | | | | | |
| Card Type (Circle one): | | | | |  |  |  |  | | --- | --- | --- | --- | | Visa | MasterCard | Discover | Amex | | | | | | | | | | | |
| Name as it appears on card: | | | |  | | | | | | | | | | |
| Credit Card Number: | | | |  | | | | | | | | | | |
| Expiration Date: | | | |  | | | | | | | | | | |
| Amount to charge: | | | | |  |  | | --- | --- | |  | **Please circle:** | |  | Monthly (for 10 months, Sept-June) | |  | Semi-Annually | |  | Annually | | | | | | | | | | | |
| Starting date for charge: | | | |  | | | | |
| Ending date for charge: | | | |  | | | | |
| Signature of cardholder: | | | |  | | | | | | | | | | |

Terumah arrangements should be made separately.