

# 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.*

## 2011-2012 REGISTRATION for grades Pre-K through 8<sup>th</sup> Grade

*You must be a member of Temple Emanuel in order to register your child in Religious School.  
Children must be registered in the Sunday program in order to be enrolled in Mid-Week Hebrew classes.*

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 4<sup>th</sup> through 6<sup>th</sup> 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!

### **PARENT INFORMATION:**

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_

PARENT(S) E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT (IF PARENT IS NOT AVAILABLE): \_\_\_\_\_

EMERGENCY CONTACT HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

### **TUITION FEES FOR 2011-2012\***

<u>SUNDAY SCHOOL</u> 3 YEARS** - 8 <sup>TH</sup> GRADE	<u>MID-WEEK HEBREW</u> 4 <sup>TH</sup> -6 <sup>TH</sup> GRADE	<u>BAR/BAT MITZVAH</u> <u>TRAINING</u>
1 CHILD: \$380	4 <sup>TH</sup> /5 <sup>TH</sup> TUESDAY: \$215	\$665
2 CHILDREN: \$720	6 <sup>TH</sup> TUESDAY & WEDNESDAY: \$415	<i>Billed 6-9 months prior to date ~ payable in full 30 days prior to event</i>
3 CHILDREN: \$1035		
4 CHILDREN: \$1340		

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

Tuition is payable in full unless withdrawal notice in writing is received by the Temple Emanuel Religious School office before the 2<sup>nd</sup> day of class.  
*\*It costs approximately \$700 to educate each child in Religious School. Tuition covers only a percentage of the total cost of education and special programs offered. \*\*A child must be 3yrs. old by October 15, 2011 to be registered in Religious School.*

TUITION DUE: \_\_\_\_\_ TUITION PAID WITH REGISTRATION \$ \_\_\_\_\_ OTHER \_\_\_\_\_

(SEE FEE CHART ABOVE)

(SEE BACK FOR ADDITIONAL PAYMENT OPTIONS)



Temple Emanuel Medical Form  
*Please fill out one form per child*

**Child's Name:**

**Grade:**

**Date of Birth:**

**Gender M F**

**Medical Information**

**Name of Child's doctor:**

**Phone #:**

**Address:**

**Name of Child's dentist:**

**Phone #:**

**Address:**

**Hospital preference:**

List Allergies: \_\_\_\_\_

List special medical conditions: \_\_\_\_\_

List any medications received for these special conditions: \_\_\_\_\_

Does your child carry an Epi –Pen? \_\_\_\_\_

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:** \_\_\_\_\_

**Field Trips and Emergency Treatment Permission**

*I give permission for my child(ren) 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 trips and while being transported by such means. Further, in the event that I cannot be reached in any emergency, I hereby give permission to Temple Emanuel Religious School personnel to seek medical treatment as needed for my child(ren).*

*Name(s) of Child:*

*Parent's Signature:*

*Date:* \_\_\_\_\_

Note: Parents will be notified before a field trip takes place.

(over)

**Carpool Information**

Knowing with whom your child is traveling helps us with dismissal. Please list below the names and telephone numbers of the members of your carpool.

*Sunday Mornings*

Names of other families in car pool

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Mid-Week Hebrew*

Names of other families in car pool

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release Agreement**

I hereby authorize that the religious school can use my child(ren)'s photograph on the Temple Emanuel website, in the Temple Emanuel bulletin, or in promotional materials for Temple Emanuel Religious School.

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

**Additional Information About Your Child**

Please list any other information about your child(ren) that would be helpful to Religious School personnel as they plan the school year. You may continue on a separate page if additional space is needed.

Medical: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning Styles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hebrew Knowledge:      Fluent \_\_\_\_\_  
   Needs Work \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# **RELIGIOUS SCHOOL FEES**

## **PAYMENT SCHEDULE**

**(Annual/Semi-Annual/Quarterly/Monthly)**

### **ANNUAL FEES PAYMENT**

**DUE: AUGUST 31**

### **SEMIANNUAL FEES PAYMENTS**

**DUE: AUGUST 31 & FEBRUARY 28**

### **QUARTERLY FEES PAYMENTS**

**DUE: AUGUST 31<sup>ST</sup> / NOVEMBER 30<sup>TH</sup> / FEBRUARY 28<sup>TH</sup> / MAY 31<sup>ST</sup>**

### **MONTHLY FEE PAYMENTS**

**FOR 10 MONTHS BEGINNING AUGUST 31 AND ENDING MAY 31**

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**ALL FEE ARRANGEMENTS MUST BE MADE  
PRIOR TO THE START OF RELIGIOUS SCHOOL**

**SPECIAL NOTICE FOR  
TEMPLE EMANUEL  
RELIGIOUS SCHOOL  
PARENTS:**

Each year, Temple Emanuel assists families with children in our Religious School who require tuition and/or dues relief for financial reasons. We consider these financial arrangements to be part of our sacred commitment to creating a warm and welcoming Jewish community and to educating our youth.

If you are a family with children enrolled in Temple Emanuel's Religious School in Kindergarten through 8<sup>th</sup> grade, and need assistance with Temple dues and/or Religious School fees, please submit this form to the Dues Committee c/o Brenda Henley by **August 31, 2011**, indicating the amount your family can commit to pay in 2011-2012. Send your letter to 1129 Jefferson Road, Greensboro, NC 27410 or email it to: [bhenley@tegreensboro.org](mailto:bhenley@tegreensboro.org) with "Dues Committee" in the subject line. In order for this program to work, we need to hear from you!

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TO: DUES COMMITTEE  
C/O BRENDA HENLEY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Telephone \_\_\_\_\_

Please review my financial commitment to Temple Emanuel as follows:

Sunday School Tuition Due: \_\_\_\_\_  
Scholarship Amount Requested: \_\_\_\_\_  
Balance Due: \_\_\_\_\_

Hebrew School Tuition Due: \_\_\_\_\_  
Scholarship Amount Requested: \_\_\_\_\_  
Balance Due: \_\_\_\_\_

Please bill me \_\_\_\_\_ annually, \_\_\_\_\_ semi-annually, \_\_\_\_\_ quarterly, \_\_\_\_\_ monthly

Note: If you would like us to charge your credit card please fill out the Merchant Card Request Form.

**See Reverse Side**

## **Payment Schedule for Temple Emanuel Religious School**

\* Requests for change in fees must be addressed to the "Dues Committee" in writing and attached to this form.

\*\* If setting up a payment schedule, then the last payment must be received by May 31, 2012.

Date of Request: \_\_\_\_\_

Name of Congregant: \_\_\_\_\_

Address of Congregant: (This must be completed) \_\_\_\_\_

\_\_\_\_\_

Payment Schedule: Full payment \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Please indicate semi-annually/quarterly/monthly amount)

### **Merchant Card Request**

Card Type:        Visa / Master Card

Name (As it appears on card): \_\_\_\_\_

Credit Card Number:        \_\_\_\_\_

Expiration Date:        \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

One Time Charge / Periodic Charge (Circle one)

For Periodic Charges: \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Check one)

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Signature : \_\_\_\_\_