

PARENT 1

PARENT 2

| | | |
|------------------------|-------|-------|
| Parent Names | _____ | _____ |
| Home Address | _____ | _____ |
| Home Phone | _____ | _____ |
| Work Phone | _____ | _____ |
| Cell Phone | _____ | _____ |
| *Email Address* | _____ | _____ |

- * How would you like to be contacted? Phone Email Text Please circle**
- * Whom should we consider the primary contact for your family? ___Parent 1 ___Parent 2 ___Both
- * If separated/divorced: Who is the custodial parent? ___Parent 1 ___Parent 2 ___Both
- * If separated/divorced: Who should receive school mailings? ___Parent 1 ___Parent 2 ___Both
- * Would you be willing to volunteer for school events? ___Parent 1 ___Parent 2 ___Both

1ST CHILD

2ND CHILD

3RD CHILD

| | | | |
|-------------------------------|-------|-------|-------|
| First & Last Name: | _____ | _____ | _____ |
| Grade (Fall 2019): | _____ | _____ | _____ |
| Birth Date: | _____ | _____ | _____ |
| School Attending: | _____ | _____ | _____ |
| School Phone No.: | _____ | _____ | _____ |
| Student Email: | _____ | _____ | _____ |
| Hebrew Name: | _____ | _____ | _____ |

- * I give permission for the use of my child's photograph for Religious School/Synagogue promotional purposes.
 ___Yes / ___ No | ___Yes / ___ No | ___Yes / ___ No
- * May we share your child's and family contact information in a Religious School Directory?
 ___Yes / ___ No | ___Yes / ___ No | ___Yes / ___ No
- * My child has permission to travel by car or bus with the Congregation Shir Shalom Religious School for the 2019-20 school year.
 ___Yes / ___ No | ___Yes / ___ No | ___Yes / ___ No
- * I hereby grant permission for my child to participate in all Religious School activities for the 2019-20 school year.
 ___Yes / ___ No | ___Yes / ___ No | ___Yes / ___ No

* Please list any food allergies or other medical concerns that we should be aware of for your child(ren).

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| 1ST CHILD | 2ND CHILD | 3RD CHILD |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| OFFICE USE ONLY | Date Rec'd | Amount Paid | Check # | Database Updated |
|-----------------|------------|-------------|---------|------------------|
| | | | | |

**Gesher Religious School Registration
2019-2020
FEES**

Family Name _____

RELIGIOUS SCHOOL CLASSES

Please list name, grade level and fee for each student who will attend.

| | \$118 | \$585 | \$735 |
|--------------|------------------------------------|----------------------------------|--|
| Student Name | 1 Sunday / month Ganainu | Sundays Grades K, 1, 2 | Sundays and Tuesdays Grades 3, 4, 5, 6, 7 |
| | | | |
| | | | |
| | | | |
| | | | |

Please note that tuition fees only cover a portion of the total cost of education for a child. The rest of the funds come from the synagogue. If you are not a member of Temple Beth Tzedek, **the tuition is double the amount listed. PAY BY August 15th AND DEDUCT \$50 FROM ABOVE FEES!**

TOTAL FEES : _____

Mail registrations and checks to the address listed below

Temple Beth Tzedek Make Checks Payable to: Temple Beth Tzedek,

Mail to:
Temple Beth Tzedek
1641 North Forest Rd
Williamsville, 14221