

Temple Sinai Religious School 2012-2013 Registration Form

Contact Karen Harris, Financial Secretary, 309-3396, to make alternative payment arrangements.

FIRST AND LAST NAME OF PARENT(S)/GUARDIAN _____

Name of student	Entering grade	Tuition due*

TOTAL TUITION \$ _____

HORAY SINAI (Voluntary donation)

Yes, I would like to support Horay Sinai ("Parents of Sinai")

___ \$18 ___ \$36 ___ \$54 ___ \$118 \$ _____

LESS \$25 EARLY BIRD DISCOUNT PER STUDENT IF ALL ENROLLMENT FORMS ARE RECEIVED BY JUNE 1ST \$ _____

TOTAL DUE (payable by September 9th) \$ _____

Tuition/Fees Schedule

Grades	Class Schedule	Tuition
K-2	Sunday 9:30 am – 12 noon	\$485•
3-6	Sunday 9:30 am – 12 noon Wednesday 5:00 – 6:30 pm	\$788
7	Sunday 9:30 am – 12 noon (select days) Ý ••	\$465 or \$315 + \$20/mo
8-9	Sunday 10:15 am – 12 noon (select days) ••	\$315
10	Sunday 10:15 am – 12 noon (select days)	\$415 (includes \$100 Confirmation Fee*)

• Kindergarten tuition is waived for all graduates of The Gan

•• Religious School enrollment and attendance is required through the entire Bar/Bat Mitzvah year

Ý 7th grade now includes 45-minute 7G Tefillah Prep on Sunday mornings until Bar/Bat Mitzvah

*The Confirmation Fee covers the cost of the Confirmation class dinner, a class photo, and other Confirmation enhancements.

There is a 50% reduction in tuition for the 3rd child in the same family

Return to: Temple Sinai Religious School, 4631 S. Lockwood Ridge Road, Sarasota, FL 34231

Temple Sinai Religious School 2012-2013 Emergency Contact Form

FAMILY CONTACT INFORMATION

Name of Student _____ Birthdate _____

Address _____ E-mail _____

Parent/Guardian One: Name _____

Occupation _____ Home phone _____

Address _____

Cell phone _____ E-mail _____

Parent/Guardian Two: Name _____

Occupation _____ Home phone _____

Address _____

Cell phone _____ E-mail _____

Parent(s) is/are presently (circle one): Single Married Separated Divorced Widowed Widowed

If separated or divorced, please send school mailings—postal and e-mail—to (circle one): **Both parents** **Mother Only** **Father Only**

PICK UP AUTHORIZATION

The following people are authorized to pick up my child from school:

1. Name _____ Phone _____

2. Name _____ Phone _____

EMERGENCY CONTACT INFORMATION

In case of emergency parents/guardians will be called first. If they are unavailable, the following person(s) will be contacted:

Name _____ Relationship to child _____

Home phone _____ Cell phone _____

Please list all medical conditions, medications, and allergies (including food allergies) that could affect your child's medical treatment. Provide specifics and detailed descriptions so that in case of emergency doctors can act appropriately.

Child's physician's name _____ Phone # _____

Health insurance company _____ Plan# _____

In case of emergency your child(ren) will be taken to the CLOSEST hospital. If you have a preference, please write your choice here:

_____.

I have read the information above and understand the emergency plan. The answers I have provided here are accurate.

Signed _____ Date _____

OVER →

Temple Sinai Religious School Confidential Student Information

Please complete one confidential questionnaire for each child. This information is vital in order for us to successfully teach and work with your child. This information will remain confidential and will be shared only with your child's teacher and the Director.

Student's Name _____

Student's Hebrew Name (if known) _____

Public/private school _____ Entering Grade _____

Does your child have ADD, ADHD, dyslexia, or other learning challenges? If so, let us know so we can best help him/her.

Does your child take any medication for any of the above? ___ Yes ___ No

If yes, what medication(s)? _____

Describe any special medical history or condition that might be important for us to watch for such as allergies, hearing difficulties, etc., as well as psychological or behavioral issues:

What additional information about your child might be helpful to his/her teacher?

How would you describe your family's Jewish life at home and how your child feels about attending Religious School?

___ I DO / ___ I DO NOT give permission for my child's photo to be used in Temple and Religious School publicity.

Parent Signature _____ Date _____

OVER→

Temple Sinai Religious School engages students and their families in Jewish learning and meaningful experiences that inspire them to appreciate and proudly celebrate being Jewish in our community and in today's world.

In keeping with our mission, the Religious School includes a parent component as part of our educational program —

Parents Too!

Sharing temple with your kids

Parents of our students are expected to commit to 5 hours of involvement and/or Jewish learning at the temple each year. Parents can fulfill this expectation in any number of ways* including, but not limited to, the following:

- Volunteering in a Religious School classroom
- Volunteering time, on-site or off-site, for the school
- Attending family programs
- Attending adult or parent learning sessions

**Note: Attending worship services does not count towards Parents Too! hours. Grade-level student attendance expectations are intended to familiarize them, and you, with Shabbat and holiday services.*

The Religious School's mission clearly envisions Jewish learning and living for parents as well as students. There are already parents who exceed this minimum of 5 hours per year. In these families it is evident that when the temple is part of the family's life the student cares more and does better.

Please indicate your commitment and support for this new venture by signing and returning the slip below with your registration materials.

I share our Religious School's vision!

As a Temple Sinai Religious School parent, I plan on 5 hours minimum of involvement in the school or in my own Jewish learning at the temple during the upcoming school year because I agree that my child's experience will be better if I, too, participate in temple life.

Child(ren)'s name(s) _____

Parent's signature _____ Date _____