



NITZANIM RELIGIOUS SCHOOL & HEBREW HIGH SCHOOL 2018-2019 REGISTRATION FORM



Learner & Family Information:

	Last Name	First Name	Hebrew Name	Preferred Pronoun*	Date of Birth	In September 2018		
						Age	Grade	School
Child 1:								
Child 2:								
Child 3:								
Child 4:								

*e.g. he, she, they. Temple Sholom is respectful of each learner's gender identity

Parent's Name:		Home Phone:	() - -
Home Address:		Work Phone:	() - -
E-mail:		Cell Phone:	() - -
Temple Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: One parent is required to be a member as of July 1 st for learners in grades 1 - 12. Religious Background:	

Parent's Name:		Home Phone:	() - -
Home Address:		Work Phone:	() - -
E-mail:		Cell Phone:	() - -
Temple Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: One parent is required to be a member as of July 1 st for learners in grades 1 - 12. Religious Background:	

Emergency Contacts: In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts in the order you want them called, if a parent is unreachable:

Name:	Relationship to Learner:	Cell Phone:	Phone:
		() - -	() - -
		() - -	() - -
		() - -	() - -

Learner Health Information:

Name of Learner 1:	
Doctor's Name:	Phone #: () -
Food Allergies: <input type="checkbox"/> None	
Other Allergies: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None	
Other Info:	



**NITZANIM RELIGIOUS SCHOOL & HEBREW HIGH SCHOOL
2018-2019 REGISTRATION FORM**



Name of Learner 2:	
Doctor's Name:	Phone #: ()-
Food Allergies: <input type="checkbox"/> None	
Other Allergies: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None	
Other Info:	

Name of Learner 3:	
Doctor's Name:	Phone #: ()-
Food Allergies: <input type="checkbox"/> None	
Other Allergies: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None	
Other Info:	

Name of Learner 4:	
Doctor's Name:	Phone #: ()-
Food Allergies: <input type="checkbox"/> None	
Other Allergies: <input type="checkbox"/> None	
Medications: <input type="checkbox"/> None	
Medical Conditions: <input type="checkbox"/> None	
Other Info:	

Learning Profile:

Name of Learner 1:	
Is there anything you would like us to know about your child (how your child learns and subjects that they particularly like or dislike, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced, etc.)? If yes, please explain:	
Does your child have any medical or special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an IEP or a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No



**NITZANIM RELIGIOUS SCHOOL & HEBREW HIGH SCHOOL
2018-2019 REGISTRATION FORM**



Name of Learner 2:	
Is there anything you would like us to know about your child (how your child learns and subjects that they particularly like or dislike, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced, etc.)? If yes, please explain:	
Does your child have any medical or special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does your child have an IEP or a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Learner 3:	
Is there anything you would like us to know about your child (how your child learns and subjects that they particularly like or dislike, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced, etc.)? If yes, please explain:	
Does your child have any medical or special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does your child have an IEP or a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Learner 4:	
Is there anything you would like us to know about your child (how your child learns and subjects that they particularly like or dislike, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced, etc.)? If yes, please explain:	
Does your child have any medical or special learning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does your child have an IEP or a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to share it with us? <input type="checkbox"/> Yes <input type="checkbox"/> No



**NITZANIM RELIGIOUS SCHOOL & HEBREW HIGH SCHOOL
2018-2019 REGISTRATION FORM**



Photo Opt-In/Out: Please indicate if we can use your child(ren)'s photograph or likeness in photo, social media, video or printed marketing and/or promotional materials (names will not be included) for **Nitzanim Religious School, Hebrew High School or Temple Sholom**.

Yes **No** **Parent Signature:** _____

Class Schedule: To continue to meet our goal of building community through meaningful relationships all learners, Gan-Zayin (K-7), will attend on Sundays from 9:30am-12:00pm and Gimmel-Zayin (3-7) will also attend on Wednesdays from 4:30pm-6:30pm

Hebrew High will take place on Wednesday evenings starting with a communal dinner at 6:30pm and ending at 8:45pm

Registration Fees and Tuition:

Nitzanim Religious School: In order to budget for Education Department, the Temple must know how many learners will be enrolling. Therefore, **the deadline to return this application for returning learners is May 13, 2018**. A non-refundable registration fee must accompany each learner's registration as outlined below.

Non-Refundable Registration Fee	<input checked="" type="checkbox"/>	Fee for Families
With registration before May 13, 2018:	<input type="checkbox"/>	\$100 per child included

Please make registration checks payable to Temple Sholom and mail the form and payment to **Temple Sholom Education Department, P.O. Box 6007, Bridgewater, New Jersey 08807** or bring it to the Education Office. You will receive an e-mail from Susan Greenstein (rssecy@temple-sholom.net) confirming receipt of your registration no later than the cut-off dates in the above table.

Hebrew High School: A non-refundable deposit of \$100 per child is required with all registrations. Tuition balance will be billed in August. **All fees must be paid in fully by the first day of school.**

Non-Refundable Registration Fee	<input checked="" type="checkbox"/>	Fee for Families
With registration before June 15, 2018:	<input type="checkbox"/>	\$100 per child included

Please make registration checks payable to Temple Sholom and mail the form and payment to **Temple Sholom Education Department, P.O. Box 6007, Bridgewater, New Jersey 08807** or bring it to the Education Office. You will receive an e-mail from Susan Greenstein (rssecy@temple-sholom.net) confirming receipt of your registration

Tuition for Nitzanim Religious School and Hebrew High School for the 2018-2019 school year will be determined as part of the Temple's annual budget process to be finalized at the Temple Annual Meeting. All fees due to the Temple per your July 2018 invoice must be settled by August 3, 2018 for your child's registration to be finalized and your class assignment to be issued. A child may not begin the school year unless Temple Sholom has received payment in full.

Please sign below to acknowledge that you have read the information contained in this registration form and have provided complete information for your child(ren).

Signature of Parent Completing Registration: _____ Date: _____