

RELIGIOUS SCHOOL INFORMATION

2010-2011

SCHEDULE

- Grades Kindergarten through 3 meet once a week on Tuesdays from 4:15 to 6:15 pm.
- Grades 4 and 5 meet twice a week on Tuesdays from 4:15 to 6:15 pm and Sundays 9:30 to 11:30 am.
- Grades 6 and 7 meet twice a week on Wednesdays from 4:15 to 6:15 pm and Sundays 9:30 to 11:30 am.
- Confirmation I and II meet once a week on Wednesdays from 6 to 7:15 pm with an optional dinner and social time from 5:30 to 6 pm.

REGISTRATION FEE

Per Family \$100

SCHOOL TUITION

a. Early registration: Payment in FULL by March 31, 2010

K-3	\$ 500
4-7	\$1,000
Confirmation	\$ 500

b. Regular registration: Payment in FULL by May 31, 2010

K-3	\$ 525
4-7	\$1,050
Confirmation	\$ 525

c. Late registration: Payment in FULL after May 31, 2010 but not later than August 15, 2010)

K-3	\$ 575
4-7	\$1,150
Confirmation	\$ 575

Confirmation II Students only:

Confirmation fee \$125

Note that registrations can only be accepted for members in good standing on dues and other assessments.

FINANCIAL ASSISTANCE

Assistance is available to qualifying families of Temple Shearith Israel. To be considered for school assistance all forms must be completed and sent to the Financial Review Committee by March 1, 2010. Please refer to the membership packet for the Financial Assistance Policy and Financial Assistance forms. Any members with pre-existing financial assistance arrangements or other special arrangements will be sent a summary letter inquiring if any material changes have occurred. If your situation has not changed, the member will only need to sign the summary letter and adhere to the terms and conditions and are not required to submit a new financial assistance application. If a member's situation has changed materially from the facts used to determine the prior year's arrangement, a new financial assistance application is required to be submitted. *Note that all requests for financial assistance are handled in strictest confidence.*

2010 – 2011 RELIGIOUS SCHOOL PAYMENT FORM

Student's Family Name: _____

NAME OF CHILD	GRADE (✓ ONE) K-3 & 4-7 Conf.		*TUITION FEE
			\$
			\$
			\$
			\$
FAMILY REGISTRATION FEE:			\$100
FAMILY TOTAL:			\$

I AM MAKING PAYMENT AS FOLLOWS:

EARLY REGISTRATION

___ Full registration payment enclosed due by March 31, 2010

REGULAR REGISTRATION

___ Full registration payment enclosed

___ Partial registration (50% enclosed) with balance due by May 31, 2010

LATE REGISTRATION

___ Full registration payment enclosed

___ Partial registration (50% enclosed) with balance due by August 15, 2010

After August 15th, all registrations must be paid in full at time of submission.

<p style="text-align: center;">CREDIT CARD INFORMATION</p> <p>Amount: \$ _____</p> <p>Account #: _____</p> <p>CCV #: _____</p> <p>Account type: VISA or MasterCard</p> <p>Expiration date: _____</p> <p>Name on card: (Please print) _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p style="text-align: center;">*Tuition Fee</p> <p>Cost Per Class depends on date of registration.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">K-3 & Conf.</th> <th style="text-align: center;">4-7</th> </tr> </thead> <tbody> <tr> <td>• On or before March 31st</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$1,000</td> </tr> <tr> <td>• March 31st thru May 31st</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$1,050</td> </tr> <tr> <td>• After May 31st</td> <td style="text-align: center;">\$575</td> <td style="text-align: center;">\$1,150</td> </tr> <tr> <td>• Confirmation II Fee.....</td> <td colspan="2" style="text-align: center;">\$125</td> </tr> </tbody> </table>		K-3 & Conf.	4-7	• On or before March 31st	\$500	\$1,000	• March 31st thru May 31st	\$525	\$1,050	• After May 31st	\$575	\$1,150	• Confirmation II Fee.....	\$125	
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2010-2011
Temple Shearith Israel Religious School Student Information

DATE: _____ **Please Print any updated information on lines provided below.**

Child's Name: _____

Grade as of 9/10: _____ Birthdate __ / __ / ____ Hebrew Level as of 9/10: _____

Medical Information: _____

Secular School: _____

Does your child receive any resource services or have special needs in school? _____

Child's Name: _____

Grade as of 9/10: _____ Birthdate __ / __ / ____ Hebrew Level as of 9/10: _____

Medical Information: _____

Secular School: _____

Does your child receive any resource services or have special needs in school? _____

Child's Name: _____

Grade as of 9/10: _____ Birthdate __ / __ / ____ Hebrew Level as of 9/10: _____

Medical Information: _____

Secular School: _____

Does your child receive any resource services or have special needs in school? _____

HEBREW CLASS LEVEL CHART

Beginner (no previous Hebrew study) Level I Hebrew
One year of study completed.....Level II Hebrew
Two years of study completed.....Level III Hebrew
Three years of study completed.....Level IV Hebrew

Four years of study completed.....Advanced Hebrew
Unsure of levelStudent needs to be tested

FAMILY INFORMATION:

Parents Names: _____

Address: _____

City, State, Zip Code: _____

Home Phone Number: _____

EMERGENCY INFORMATION:

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's Beeper: _____ Dad's Beeper: _____

Email Address: _____

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____