

## Adolph Nord Religious School Registration 2017-2018

**Registration Day** will be held on March 26, 2017. This form must be completed in full and submitted by or on March 26 along with the completed tuition worksheet. Full payment is due by that morning for those seeking the Early Bird Rate. All others have until April 23, 2017 to provide full payment (or initiate the extended payment plan). Your full and timely cooperation is much appreciated. Please note that Religious School families must be members in good standing in order to enroll their child(ren). No tuition refunds will be issued after June 1, 2017.

### **PARENT/GUARDIAN #1 INFORMATION:**

**Name/Relationship to Student:** \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Relationship)

Address: \_\_\_\_\_

Faith: \_\_\_\_\_

Cell phone (for emergency contact): \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **PARENT/GUARDIAN #2 INFORMATION:**

**Name/Relationship to Student:** \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Relationship)

Address: \_\_\_\_\_

Faith: \_\_\_\_\_

Cell phone (for emergency contact): \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **CONSENT FOR TREATMENT IN CASE OF EMERGENCY:**

In the event of an illness or injury to any of our children listed below, I (we) hereby authorize the staff of the Adolph Nord Religious School to perform the following: (1) when a parent/guardian cannot be reached in a timely manner during an emergency, obtain the services of a licensed practitioner, take my (our) child to the hospital, and/or secure medical treatment as may be deemed necessary, and (2) if applicable, administer medication which I (we) have provided to the school in the original container with a physician's prescription, as may be deemed necessary by Religious School staff.

I (we) do release, waive, forever discharge, and covenant not to sue Temple Adas Shalom/HJC, its governing board, officers, agents, employees, volunteers, and any students acting as employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature relating to injury or the administration of medical treatment. This includes any loss, damage, or injury, including but not limited to, suffering and death that may be sustained.

Parent/Guarding Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHS:**

During the school year, we may take photographs during Religious School-related events and publish these photographs in the temple bulletin, on the temple’s website and Facebook page, and/or in press releases. Are you willing to have your child’s name and photograph published in this manner?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Parent/Guarding Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION PAYMENT:**

Religious School registration is not complete until payment or payment arrangements have been made (see tuition worksheet). Again, the Early Bird Payment deadline is March 26, 2017. The Standard Full Payment deadline and/or initiation of the payment plan is April 23, 2017. This fully completed form must be submitted along with the completed tuition worksheet and payment to Temple Adas Shalom/HJC by the aforementioned deadlines.

Payment plans are available by contacting Temple Adas Shalom/HJC Board Treasurer Kathy Lazarski at [treasurer@templeadasshalom.org](mailto:treasurer@templeadasshalom.org) or 410-598-8457. The treasurer will also be available to speak with families individually during Registration Day. No one is ever turned away due to an inability to pay as long as arrangements are made with the treasurer in advance. Temple Adas Shalom/HJC reserves the right to deny admission to any student until the appropriate tuition payment is made or a payment plan is established. Please make checks payable to Temple Adas Shalom/HJC. Credit card payment is also acceptable. Please contact Temple Adas Shalom/HJC Bookkeeper Amy Schoenberger at [treasurer@templeadasshalom.org](mailto:treasurer@templeadasshalom.org) or 410-939-3170 x 306.

**PARTICIPATION:**

\_\_\_\_\_ I would like to be a teacher next year. (We need a grade 5 Hebrew teacher on Sundays and Wednesdays and a grade 2 teacher on Sundays)

\_\_\_\_\_ I am willing to be a substitute teacher on **Wednesday** and/or **Sunday** (please circle all that apply).

\_\_\_\_\_ I would like to be a room parent for the following grade: \_\_\_\_\_

\_\_\_\_\_ I would like to be involved in planning a family retreat at the Pearlstone Center.

\_\_\_\_\_ I would like to be involved in planning a fundraiser for the religious school.

\_\_\_\_\_ I would like to be involved in helping with the Purim Carnival.

**STUDENT #1 INFORMATION:**

Entering RS Grade this Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Consecrated: \_\_\_\_\_ Yes \_\_\_\_\_ No

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade Began Formal Jewish Education: \_\_\_\_\_

Secular School Name: \_\_\_\_\_

Entering Secular School Grade this Year: \_\_\_\_\_

I would like to meet with staff to discuss the following:

\_\_\_\_\_ Health Issues (e.g. allergies, asthma, medications, etc.)

My child may need the following medications during Religious School hours: \_\_\_\_\_

My child self-carries. \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*FOR ALL MEDICATIONS, PHYSICIAN PRESCRIPTION IS DUE BY OPENING DAY.**

\_\_\_\_\_ Learning Challenges (e.g. learning difference, ADHD, vision or hearing issues, etc.)

My child has an IEP or 504 Plan. The accommodations required under the Plan are as follows: \_\_\_\_\_

\_\_\_\_\_ Other (e.g. family changes that may impact behavior)

**STUDENT #2 INFORMATION:**

Entering RS Grade this Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Consecrated: \_\_\_\_\_ Yes \_\_\_\_\_ No

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade Began Formal Jewish Education: \_\_\_\_\_

Secular School Name: \_\_\_\_\_

Entering Secular School Grade this Year: \_\_\_\_\_

I would like to meet with staff to discuss the following:

\_\_\_\_\_ Health Issues (e.g. allergies, asthma, medications, etc.)

My child may need the following medications during Religious School hours: \_\_\_\_\_

My child self-carries. \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*FOR ALL MEDICATIONS, PHYSICIAN PRESCRIPTION IS DUE BY OPENING DAY.**

\_\_\_\_\_ Learning Challenges (e.g. learning difference, ADHD, vision or hearing issues, etc.)

My child has an IEP or 504 Plan. The accommodations required under the Plan are as follows: \_\_\_\_\_

\_\_\_\_\_ Other (e.g. family changes that may impact behavior)

**STUDENT #3 INFORMATION:**

Entering RS Grade this Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Consecrated: \_\_\_\_\_ Yes \_\_\_\_\_ No

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade Began Formal Jewish Education: \_\_\_\_\_

Secular School Name: \_\_\_\_\_

Entering Secular School Grade this Year: \_\_\_\_\_

I would like to meet with staff to discuss the following:

\_\_\_\_\_ Health Issues (e.g. allergies, asthma, medications, etc.)

My child may need the following medications during Religious School hours: \_\_\_\_\_

My child self-carries. \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*FOR ALL MEDICATIONS, PHYSICIAN PRESCRIPTION IS DUE BY OPENING DAY.**

\_\_\_\_\_ Learning Challenges (e.g. learning difference, ADHD, vision or hearing issues, etc.)

My child has an IEP or 504 Plan. The accommodations required under the Plan are as follows: \_\_\_\_\_

\_\_\_\_\_ Other (e.g. family changes that may impact behavior)

**STUDENT #4 INFORMATION:**

Entering RS Grade this Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Consecrated: \_\_\_\_\_ Yes \_\_\_\_\_ No

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade Began Formal Jewish Education: \_\_\_\_\_

Secular School Name: \_\_\_\_\_

Entering Secular School Grade this Year: \_\_\_\_\_

I would like to meet with staff to discuss the following:

\_\_\_\_\_ Health Issues (e.g. allergies, asthma, medications, etc.)

My child may need the following medications during Religious School hours: \_\_\_\_\_

My child self-carries. \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*FOR ALL MEDICATIONS, PHYSICIAN PRESCRIPTION IS DUE BY OPENING DAY.**

\_\_\_\_\_ Learning Challenges (e.g. learning difference, ADHD, vision or hearing issues, etc.)

My child has an IEP or 504 Plan. The accommodations required under the Plan are as follows: \_\_\_\_\_

\_\_\_\_\_ Other (e.g. family changes that may impact behavior)