

ADATH ISRAEL RELIGIOUS SCHOOL

2009-2010 Registration Short Form for Returning Students

We have created this new Registration Short Form to simplify the registration process for returning students. **Call the office if you have any questions, 609-896-4977.**

1. Complete the Registration Short Form, Emergency Medical Form, and Parent Permission Form.
2. Return it to the office with a \$100.00 per student deposit (payable to Adath Israel Congregation).

	Postmarked on or before <u>6/22/09</u>	Postmarked on or later than <u>6/23/09</u>
Sunday, Pre-School (3-4 years)	\$125.00	\$135.00
Gan-Alef, Kindergarten, 1st Grade) - 9:30-11:30 a.m.....	\$430.00	\$490.00
Bet through Zayin (Grades 2 through 7)	\$640.00	\$700.00
Confirmation (Grades 8 through 10).....	\$430.00	\$490.00
Book and Material Fee - \$42.00 <u>per child</u> (Pre-School-Zayin).....	\$42.00	\$42.00
PTO Fee - \$45.00 per Family.....	\$45.00	\$45.00
*Bar/Bat Mitzvah Fee (\$515.00 Payable 1 yr. in advance).....	\$ _____	\$ _____
**Voluntary Contribution to the Scholarship Fund.....	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
PAYMENT ENCLOSED.....	\$ _____	\$ _____
BALANCE DUE.....	\$ _____	\$ _____

IMPORTANT DATES:

JUNE 22ND - All forms (Registration Form, Student Profile, Emergency Medical Form, PTO and Religious School Volunteer Form, Parent Permission Form) along with a tuition deposit of \$100.00 per child (checks made payable to Adath Israel) are due.

AUGUST 17TH – Fall Semester Tuition and Fees Due

SUNDAY, SEPTEMBER 13TH – Opening Session – Pre-School through Confirmation

DECEMBER 21ST – Spring Semester Tuition Due

Child's Name _____ Grade in September _____

Child's Name _____ Grade in September _____

Child's Name _____ Grade in September _____

E-mail address _____ Phone number _____

PLEASE SELECT ONE WAY TO HELP OUR SCHOOL: CLASS PARENT _____ PTO _____
 More information will follow in the "Back to School" mailing.

Adath Israel Religious School

1958 Lawrenceville Road
Lawrenceville, New Jersey 08648
609-896-4977 www. Adathisraelnj.org

2009-2010 Parent Permission Form

YES, you may publish my child(ren)'s photo or work. Please check all that apply:

- Video
- Adath's website (Names are **NOT** used on the website)
- Student work
- Local Publications
- Adath Israelight
- Names Used (exception: Names are **NOT** used on the website)
- No Names Used

I, as parent or guardian of the child(ren) listed below, understand that his/her art work, writing, and/or photo may be published on the Internet and/or local publications. No home address or telephone number will appear with my child(ren)'s picture, name, or work. I understand that my child(ren) will retain all copyright and other intellectual property rights to such work.

Child's name: _____
Child's name: _____
Child's name: _____

Grade: _____
Grade: _____
Grade: _____

Parent's Signature _____

Date _____

 NO, do not publish my child(ren)'s photo or wor

Child's name: _____
Child's name: _____
Child's name: _____

Grade: _____
Grade: _____
Grade: _____

2009-2010 Adath Israel Religious School
Emergency Medical Form

Family Name: _____
Address: _____
Home phone: (____) _____
Father's Name: _____
Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____
Mother's Name: _____
Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____
Doctor's Name: _____ Phone: (____) _____
Hospital Preference: _____ Phone: (____) _____
Insurance Information: _____
Emergency Contact Person: _____ Phone: (____) _____
Emergency Contact Person: _____ Phone: (____) _____
Other Information _____

Please fill out information for each child enrolled in Religious School

Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
 Hey Vav Zayin Confirmation

Child's Name: _____ Date of Birth: _____
Allergies/Medications _____
Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
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Child's Name: _____ Date of Birth: _____
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Please check his/her class Pre-School Gan Alef Bet Gimmel Dalet
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Parent Signature

(Please advise the office as any changes to this information occur)