



Religious School Registration Form 5779/2018-2019

Child's English Name: _____

Child's Hebrew Name (if known): _____

Do you want us to help you to choose a Hebrew name for your child? Yes / No

Age by September 1, 2018: _____ Date of Birth: _____

Secular Grade, September, 2018: _____ Name of Secular School: _____

Home mailing address: _____

Home Phone Number: _____

Parent Information:

Name: _____ Cell: _____

Email address: _____ Religion: _____

Name: _____ Cell: _____

Email address: _____ Religion: _____

Do both parents live in same home as child? Yes / No

Other address, and for which parent (if relevant) : _____

Religion practiced by family: _____

Medical information (To be used by Education Director and Teachers Only)

Allergies: _____ Medication/Treatment Plan: _____

Name of Physician: _____ Doctor's Phone: _____

In case of emergency: I give my permission to Temple Shalom teachers to take any necessary action, such as administering treatment to my child including allergy medications I have left for this purpose, or taking my child to the nearest hospital to receive emergency care.

Date: _____ Parent's Signature: _____

Emergency Contacts: (Please provide at least 2)

Name _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



Please share with us any other pertinent information regarding your child - for example, likes/dislikes, special learning style and/or challenges, behavioral issues, IEP (Individualized Education Plan) and /or anything else that will be helpful to us in providing a quality learning experience. This information will be used with discretion, and will not be shared with other parents. Please let us know if you would like the Religious School Director to contact you to discuss your child: _____

Classroom Volunteers*

Would you be willing to serve as a substitute teacher on a volunteer basis, in a classroom other than your child's? Yes / No

Parent's Name: _____

Are you able to read Hebrew letters & vowels? Yes / No

Are you able to speak Hebrew? None / Some / Fluent

Are you interested in being a classroom volunteer to assist with special projects including crafts and cooking? Yes / No

Do you have a special interest and/ or expertise to share in the classroom (crafts, cooking, singing, reading stories)? _____

*Classroom volunteers will need to fill out at CORI form

Photo Release

I give permission for my child's image/likeness to be used in any school or community related publications, including the Temple Shalom website and local newspapers.

Signature _____ Date _____



Annual Registration Fees-2018- 2019 / 5779 School Year*

Keshet (Grade 7) – meets Sunday 9:30a.m.- 12p.m. & Wed. 3:30p.m.-5:30p.m.

\$925 for members

Kita Vav (Grade 6) - meets Sunday 9:30a.m.- 12p.m. & Wed. 3:30p.m.-5:30p.m.

\$925 for members

Kita Hey (Grade 5) – meets Sunday 9:30a.m.- 12p.m. & Wed. 3:30p.m.-5:30p.m.

\$925 for members

Kitah Dalet (Grade 4) - meets Sunday 9:30a.m.- 12p.m. & Wed. 3:30p.m.-5:30p.m.

\$925 for members

Kitah Gimme! (Grade 3) - meets Sunday 9:30a.m.- 12p.m. & Wed. 3:30p.m.-5:30p.m.

\$925 for members

Kitah Bet (Grade 2) – meets Sunday 9:30a.m.-12:00p.m.

\$685 for members

Kitah Aleph (Grade 1) - meets Sunday 9:30a.m.-12:00p.m.

\$685 for members

\$995 for Non-members

Gan Yeladim (Kindergarten) – meets Sunday 9:30a.m.-11:30a.m.

\$625 for members

\$925 for non-members

Gan Katan (pre-K: ages 4-5) - meets – meets Sunday 9:30a.m.-11:30a.m.

\$625 for members

\$925 for non-members

When entering Temple Shalom Religious School, students will be placed in the grade that corresponds to their secular grade. If they start Gan Katan early, they will be expected to repeat it.

Please send payment (check made out to Temple Shalom) along with registration form to Temple Shalom, 475 Winthrop Street, Medford, MA 02155, and Attention: Religious School.

***No child will be denied entrance to our school for financial reasons. If you need assistance paying for tuition, or would like to create a payment schedule, please contact Tamar Siegel at 781-395-5894 or rtsiegel@comcast.net**