



## RAFI SCHWARTZ RELIGIOUS SCHOOL REGISTRATION FORM 2010 – 2011 SCHOOL YEAR

### STUDENT INFORMATION

	STUDENT #1	STUDENT #2	STUDENT #3	STUDENT #4
Full Name				
Hebrew Name				
Birth Date	M___/D___/Y_____	M___/D___/Y_____	M___/D___/Y_____	M___/D___/Y_____
Day School				
Grade (as of Sept 2010)				
Student's Cell Phone *	(____)_____	(____)_____-_____	(____)_____-_____	(____)_____-_____
Student's Email *				
Summer Camp				

Does this student have any special medical, dietary (other than Kosher), educational, emotional, social, or behavioral needs? (Note: If yes, please fill out a special needs plan with the Director.)

	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
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\*Include my child's cell phone and email in the school directory?  Yes;  No

\* Would you like to be copied to any message sent directly to your child?  Yes;  No

I give permission for my child/rens photograph to be used in the school / synagogue newsletter, web site or in the local press in conjunction with educational matters.  Yes;  No

### FAMILY INFORMATION

	PARENT / GUARDIAN (One)	PARENT / GAURDIAN (Two)
Full Name		
Relationship w/child		
Street Address		
City, Zip Code	_____ UT, 84_____	_____ UT, 84_____
Best Phone	(____)_____-_____ Type: _____	(____)_____-_____ Type: _____
Alternate Phone	(____)_____-_____ Type: _____	(____)_____-_____ Type: _____
Email Address		

I give permission for my address and phone number to be printed in the School Directory.

	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
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I give permission for RSRS Kol Ami to include my best phone number and email address in group email, text (sms) and voice mail messages related to the religious school, such as notices of school closures and special events (Note: If you select "no" your phone numbers and email address will be used only for general newsletters and direct contact that is specific to your children.)

	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
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Student lives with:  both parents     Parent (one)     Parent (two)     Each, part time     Other \_\_\_\_\_

Send mail to:     both parents     Parent (one) only     Parent (two) only     Other \_\_\_\_\_

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## TERMS OF ENROLLMENT

We look forward to working in partnership with all of our parents and students to provide a high quality Jewish education in a safe and nurturing environment. In consideration for enrolling your children in the Congregation Kol Ami Rafi Schwartz Religious School, you agree to the following terms, which may not be altered except by written permission of the Director:

1. Except as agreed in a special needs plan signed by the Director, you give permission for each child to engage in the normal activities of the school, including any programs and events that occur at the synagogue or in Tanner Park, such as special Shabbat services, parties and events. These activities include, but are not limited to, classroom learning, elective classes, physical recreation and games, cooking, eating, and arts and crafts.
2. You will receive a special form for any activity, such as a field trip, that takes place away from the synagogue or Tanner Park, and you understand that if you do not return the form your child will not be allowed to participate in the activity.
3. You agree on behalf of you and your children to release, hold harmless and indemnify the Rafi Schwartz Religious School and Congregation Kol Ami, including all employees and volunteers, from any liability arising out of participation in school and congregational activities that take place at the synagogue or Tanner Park, and any other special activities that you have approved, to the maximum extent permitted by law.
4. You will receive a copy of the school's parent's manual, and if applicable the b'nai mitzvah manual. Additional copies may be obtained from the Director at any time. You agree that you and your children will abide by the rules contained in those manuals.
5. Parents agree to either commit at least 4 hours of volunteer service per family to the School or pay an additional \$36 fee at the end of the school year. You may indicate your preferred volunteer projects from the list below, and we will attempt to accommodate your preferences.
6. You agree to pay tuition as set forth in the attached form.

Name (Print): \_\_\_\_\_ Name (Sign): \_\_\_\_\_ Date: M\_\_\_/D\_\_\_/Y\_\_\_

## VOLUNTEER OPPORTUNITIES

Parents are encouraged to volunteer to help the School as often and in as many ways as possible. We can often use an extra volunteer for special events or in the office to help with mailings. Here are some specific volunteer opportunities, each of which meets the four hour per family requirement. Please indicate which ones interest you:

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|--|---|
| <input type="checkbox"/> Where I am most needed                | <input type="checkbox"/> Passover Model Seder   |
| <input type="checkbox"/> Classroom Volunteer Coordinator       | <input type="checkbox"/> End of Year Barbeque Celebration                                       |
| <input type="checkbox"/> K-2nd Grade Shabbat Dinner            | <input type="checkbox"/> Gift Shop  |
| <input type="checkbox"/> 3rd and 4th Grade Shabbat Dinner      | <input type="checkbox"/> Office (mailings, copying, etc)  |
| <input type="checkbox"/> 5th and 6th Grade Shabbat Dinner      | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Teacher Appreciation Shabbat          | <input type="checkbox"/> I'd prefer to pay the extra \$36 in lieu of parental volunteer service |
| <input type="checkbox"/> Hanukkah Party / Sleepover (with USY) |   |
| <input type="checkbox"/> Purim Party / Sleepover (with USY)    |   |

## FOR OFFICE USE ONLY

Received:	Approved:	Entered:	Filed:
Special Needs Plan Received:		Special Needs Plan Approved:	
Invoiced:			

Office Notes:

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**CONFIDENTIAL FINANCIAL INFORMATION**

## TUITION

	Member of Kol Ami*	Non-Member of Kol Ami
Training wheels (once a month, Sun, 10-12)	\$ 120	\$ 120
Yeladim (Sun 10-12)	\$ 590	\$ 590
Kindergarten – 12 <sup>th</sup> grade/(including <i>Next Dor</i> ) (see schedule on calendar)	\$ 695	\$ 995
Post-Confirmation – <i>Choose option A or B:</i>		
A) Full <i>Next Dor</i> Program (including Bob Goldberg's Discussion Group)	A) \$695	A) \$995
B) Just Bob Goldberg's discussion group	B) \$180	B) \$180

### Discounts:

**Early Bird Discount** - by using the SINGLE PAYMENT PLAN: \$50 per student if paid by **Aug. 3, 2010**.  
(The deadline has been extended for families with students enrolled in *Next Dor High School* program only.)

\* Members are eligible for a **Siblings Discount**:  
\$25 off second student's tuition; \$50 off third student's tuition; \$75 off fourth student's tuition

We strive to provide a high quality education to all Jewish children, and have a limited amount of financial aid available. Please check any applicable boxes and calculate your tuition here:

- I am a member of Congregation Kol Ami and am eligible for member rates.
- Please contact me to discuss financial aid options.
- I prefer to pay an additional \$36 in lieu of providing parental service hours.
- I can help the School with an additional tax deductible donation, as shown below.

First Student:	Grade:	Tuition: \$ _____
Second Student: (less \$25)	Grade:	Tuition: + \$ _____
Third Student: (less \$50)	Grade:	Tuition: + \$ _____
Fourth Student: (less \$75)	Grade:	Tuition: + \$ _____
Early Bird Discount (\$50 per student for payment in full by Aug. 3, 2010)		- \$ _____
SUBTOTAL		= \$ _____
Extra Donation (including \$36 per family in lieu of parent service hours):		+ \$ _____
<b>TOTAL TUITION OWED</b>		<b>= \$ _____</b>

Please choose a payment plan; if none is selected you will be invoiced for the full tuition.

- SINGLE PAYMENT PLAN:  Check enclosed for \$ \_\_\_\_\_  Bill my credit card
- TWO PAYMENT PLAN: Bill my credit card on July 30 and November 24, 2010.
- EIGHT PAYMENT PLAN: Bill my credit card in eight equal installments between September, 2010 and April, 2011.

## CREDIT CARD INFORMATION

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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## CONFIDENTIAL MEDICAL INFORMATION

### MEDICAL INSURANCE

Name of Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event of a medical emergency in which I cannot be immediately contacted, I give the School authority to obtain emergency medical treatment for my children:

Name (Print): \_\_\_\_\_ Name (Sign): \_\_\_\_\_

Date: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

	STUDENT #1	STUDENT #2	STUDENT #3	STUDENT #4
Student's Name				
Prescription Medications				
Allergies To Medicines				
Other Serious Allergies				
Other Emergency Medical Info				
Primary Doctor				
Doctor's Phone:				
Preferred Hospital				

If there is an emergency and we are unable to reach the parents, please give us the names of persons to be notified:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

In case of injury or illness while your child is at school, every effort will be made to contact the parent or emergency contact. The following instructions will remain in force unless revoked by the parent/guardian in writing.

\*\*\*If the injury is minor, give my child first aid  Yes  No

\*\*\*If illness or injury is serious and the parent cannot be reached, please contact our personal physician or dentist  Yes  No

In case of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that every effort will be made to contact me immediately.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: If any student has a medical condition that requires medication during school, limits activities or requires special precautions or accommodations, please fill out a special needs plan with the Director. The information on this form is intended only to be a summary for use by first responders in a medical emergency. Unless a special needs plan is approved by the Director, the School will assume that any medical condition listed on this form does not require medication during school, limit activities, or require special precautions or accommodations.*

**RAFI SCHWARTZ RELIGIOUS SCHOOL**  
**STUDENT SPECIAL NEEDS PLAN**  
**2010 – 2011 SCHOOL YEAR**

(Please fill out the first part of this form and then meet with the Director)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent (one): \_\_\_\_\_ Name of Parent (two): \_\_\_\_\_

My child, named above, has the following special medical, dietary (other than Kosher), educational, emotional, social, or behavioral needs that may limit his or her ability to fully participate in activities of the Congregation Kol Ami Rafi Schwartz Religious School, or that may require special precautions or accommodations:

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I authorize the following health care professionals, schools or service providers to provide records and/or discuss the matters listed above with the Director of the School: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Name (Sign): \_\_\_\_\_

Date: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_\_

*(The remainder of this form is to be filled out by the Director and approved by the parent)*

After reviewing the above information, we agree that the School will use reasonable efforts to implement the following special needs plan: \_\_\_\_\_

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Orit Sommer, Director: \_\_\_\_\_ Date: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_\_

Parent (Sign): \_\_\_\_\_ Date: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_\_