

**Congregation Albert**  
**2008-2009 Religious School & Hebrew School Student Registration**

**Student Information**

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(First) (Middle) (Last)

Grade as of fall of '08: \_\_\_\_\_ School attending during the week: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

Student will be attending Congregation Albert's:

\_\_\_ **K-3 Religious School - Sunday 9:30 - 12:30**

\_\_\_ **4-6 Religious/Hebrew School - Sunday 9:30 – 12:30 & Wednesday 4:30 – 6:15**

\_\_\_ **7-10 Machon - Wednesday 6:30 – 8:00**

**\*Parent/Guardian Information**

***\*Please be aware that the parent who signs this enrollment form will be considered the individual responsible for tuition payment***

**Parent/Guardian #1**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_

Cell Phone or Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parent/Guardian #2**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_

Cell Phone or Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Send student's mail to: \_\_\_ Parent/Guardian #1 \_\_\_ Parent/Guardian #2 \_\_\_ Both**

\_\_\_ **I would be willing to be a Room Parent for my child's class** \_\_\_\_\_  
(name)

TUITION FOR 2007-2008 CLASSES **MUST** BE PAID IN FULL **BEFORE** A STUDENT WILL BE PERMITTED TO REGISTER FOR THE 2008-2009 SCHOOL YEAR. **NO APPLICATIONS WILL BE ACCEPTED WITHOUT A DEPOSIT OR COMPLETED SCHOLARSHIP FORM ATTACHED.** SCHOLARSHIP APPLICATIONS ARE AVAILABLE IN THE RELIGIOUS SCHOOL OFFICE. WE DO NOT RETAIN THIS INFORMATION FROM YEAR TO YEAR.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**REGISTRATION DEADLINE: JULY 1, 2008**  
**SCHOLARSHIP APPLICATION DEADLINE: JULY 1, 2008**

**REVERSE SIDE MUST BE COMPLETED**

Please use the following schedule to calculate your tuition:

	Early bird tuition***	Tuition after 7/1/08	Confirmation	Total
Grades K – 3	\$330.00	\$360.00	N/A	
Grades 4, 5, 6	\$630.00	\$660.00	N/A	
Grades 7, 8, 9	\$330.00	\$360.00	N/A	
Grade 10	\$330.00	\$360.00	100.00	

\*\*\* Early bird tuition must be paid in full.

Total Tuition \$ \_\_\_\_\_

Minus Attached Deposit-applies after 7/1 only \$ \_\_\_\_\_ (must be at least one third (1/3) total tuition)

Remaining tuition due by December 1, 2008 \$ \_\_\_\_\_

**Emergency Medical Information And Authorization**

Emergency contacts **other than parents/guardians**:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Medical Care: \_\_\_\_\_

Doctor Address Phone

Hospital: \_\_\_\_\_

Dentist: \_\_\_\_\_

Doctor Address Phone

Insurance \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

- Does your child have any known food or drug allergies?  Yes  No

If yes, please provide information: \_\_\_\_\_

- Does your child have any special needs (learning disabilities, vision or hearing impairment, diabetes, etc...)?

Yes  No If yes, please provide information: \_\_\_\_\_

\_\_\_\_\_

- Is your child currently taking any prescription medication?

Yes  No If yes, please provide information: \_\_\_\_\_

\_\_\_\_\_

**Please attach any additional information relevant to your child's medical history/status on a separate sheet of paper. This information is vital to our staff in order to create an atmosphere in which your children will succeed. Rest assured that this information will remain confidential.**

I hereby authorize Congregation Albert to take my child to the above-named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above-named physician cannot respond. I hereby give permission for my child to attend any activity of the Religious and/or Hebrew School (i.e., field trips), if under adult supervision.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Signature of Parent or Guardian

\_\_\_\_\_  
Date

\* If parent's live in separate households, both must sign here.