CONGREGATION ALBERT RELIGIOUS SCHOOL REGISTRATION FORM
2012-2013 (5773)

Use one form for up to 3 children

CHILD'S NAME _____ ____ /__ /___ **M / F**
(Last) (First) (M.I.) (Hebrew Name) (Birth Date) (Sex)
Child's email _____**cell #**_____ **Grade in Rel. School** _____

Name of Public/Private School_____**Grade as of 8/19/12**____ **If this is a Jewish Day School, how many <u>prior</u> years has child attended Jewish day school(s)?** _____**Years** **(not including preschool)**

Please indicate any allergies your child has: _____
Is your child on any regular medication? ❑**No** ❑**Yes** **If so, what kind?** _____

Does your child have any physical or emotional condition, including an I.E.P., of which we should be aware? ❑**No** ❑**Yes**
If yes, please explain: _____

Does your child have any special learning needs of which we should be aware? ❑**No** ❑**Yes**
If yes, please explain: (this is very important confidential information for our teachers to know):
_____

Previous Jewish education (# of yrs. for each child) Hebrew _____ **Judaica** _____

Enrolling in (check one):_____ **Gan Katan** _____ **K-3 Sunday** _____ **3rd - 6th Sunday& Wednesday** _____ **7th-10th Wednesday**

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(Last) (First) (M.I.) (Hebrew Name) (Birth Date) (Sex)
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Checked box indicates address or addresses to which you prefer mail to be sent.

❑Parent/Guardian _____ Home Phone _____ Work Phone _____
Address _____ Cell/Pager _____
Email_____

❑Parent/Guardian _____ Home Phone _____ Work Phone _____
Address _____ Cell/Pager _____
Email_____

***IN CASE OF INJURY/ILLNESS AT SCHOOL OR YOUTH GROUP EVENTS, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN.**
You must give us the name and phone number of an emergency contact to be notified if we cannot reach you:
Name _____Cell Phone _____ Relationship_____

If you do not grant Congregation Albert permission to use photographs, videos and/or testimonials from your child's participation in temple events in any of Congregation Albert's publications or media presentations you must initial here _____

Your signature gives your child permission to participate in school activities and is your commitment to pay school fees. *Your child will not be registered for school if this form is not signed!

_____
Parent/Guardian Date

Please use the following schedule to calculate your tuition:

	Early bird tuition*	Tuition after 8/1/12	Number of Students	Total
Gan Katan 2yrs-Pre-K	$130.00	$130.00		
Grades K – 3	$345.00	$390.00		
Grades 3, 4, 5, 6	$660.00	$700.00		
Grades 7, 8, 9	$345.00	$390.00		
Grade 10	$455.00	$495.00		

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

Total Tuition: $ _____

Minus Attached Deposit-applies after 8/1 only (must be at least one third (1/3) total tuition) $ _____

Remaining tuition due by December 1, 2012 $ _____

NOTE: The above fees **do not** cover the full cost of providing our students with religious school education. If you are able, please do a mitzvah and make a tax deductible donation to help offset the full cost.
Donation Amount $_____

Scholarship Deadline is July 1, 2012

If you are interested in volunteering with the Religious School, contact Tammy at 505-883-0306 or tammy@congregationalbert.org

Please note: B'nai Mitzvah fees, which are separate from Lifelong Learning fees, will be assessed at the beginning of B'nai Mitzvah study, approximately one year ahead of the scheduled service date.

For Office Use Only: Date Received: _____ By: _____ Check #:_____