

Account Number _/_/_/_/_/_/_/_/_/_

Date of Enrollment _/_/_/_/_

HIGH SCHOOL/A.M. ELLIS MIDRASHA REGISTRATION 2011-2012

Har Zion Temple

The Jane Fishman Grinberg Religious School

1500 Hagys Ford Road • Penn Valley, PA 19072 • 610-667-5000



Rabbi Nogah Marshall, Educational Director

**Norman Einhorn, Co-Principal
Steve Goldberg, Co-Principal**

PLEASE CHECK ALL APPROPRIATE BOXES:

HIGH SCHOOL (Grades 8-10)

MADREGOT

Grade _____

\$850 tuition + \$70 registration

A.M. ELLIS MIDRASHA (Grades 11-12)

USY

Grade _____

\$785 tuition + \$70 registration

\$55 membership

**HIGH SCHOOL/MIDRASHA
SCHEDULE:
GRADES 8-11
Sunday, 9:45 AM-1:00 PM
GRADE 12
9:15 AM-1:00 PM**

Student's Name _____ Sex _____ Birthdate ____/____/____
Last First

Address _____ Zip _____ - _____

Home Phone _____ Cell Phone _____

Age as of 9/1/2011: Yrs. ____ Mos. ____ Hebrew Name _____

Academic Year: September, 2011, Secular School _____ Grade _____

Preferred email for communication purposes _____

Parent 1 (including title)	Parent 2 (including title)
Business Name	Business Name
Business Address	Business Address
City State Zip -	City State Zip -
B. Phone Mobile Phone	B. Phone Mobile Phone
Occupation	Occupation

Marital Status	To Whom Should Mail Be Sent
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We want to be sensitive to the changes that occur in students' lives. Events such as death, separation, divorce, and remarriage can have a tremendous impact on a child. Therefore, in our desire to be your partner in caring for your children, we request that you provide our school office with any relevant notifications or information, including copies of all court orders and agreements. All documentation will be kept in a confidential file.

MEDICATION AND SPECIAL NEEDS INFORMATION

Is the student taking any medication?

yes no

If yes, please list all medications and any additional information that the school would need:



The following would be helpful for our teachers/staff to know (Please check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Overly active | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Hearing difficulty | <input type="checkbox"/> Easily upset | <input type="checkbox"/> Speech problem |
| <input type="checkbox"/> Comprehension problem | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Reads below grade level | <input type="checkbox"/> Has difficulty copying from board | |
| <input type="checkbox"/> Cannot reproduce on paper what is seen | | |



Is there any other special information of which we should be aware (i.e. Allergies, Diet)?

MEDICAL INFORMATION AND EMERGENCY MEDICAL RELEASE

Family Physician _____ Address _____ Phone _____

Name of another person other than parent who can be called in case of emergency:

_____	_____	_____	_____
Name	Address	Relationship	Phone
_____	_____	_____	_____
Mobile Phone	Health Insurance Company	Policy #	

The Jane Fishman Grinberg Religious School adheres to the health policies governing the Lower Merion School District, therefore, we do not dispense medication. In case of first aid, however, **we give the school permission to administer minor first aid remedies should the need arise.** (However, in all instances, the school will do its best to reach parents.)

In the event of an emergency and the individual listed above cannot be reached, we give permission for our child to be treated in the Emergency Room of the nearest hospital.

HIGH SCHOOL TRIP PERMISSION

We give our son/daughter _____ permission to participate in all school and/or youth activities, including those in which school or class transportation is involved. This form must be on file to enable your child to participate in any school, class or youth activity involving transportation

CONFIRMATION FEE

The Confirmation Fee of \$250.00 covers the Confirmation Class photograph, dry cleaning of the Confirmands' gowns, the advertisement published in *The Jewish Exponent*, and the reception/kiddush in honor of the members of the Confirmation Class.

The Jane Fishman Grinberg Religious School has our permission to use any photo, picture, or likeness of our child or any family member for promotional purposes including Har Zion Temple's website and school newsletters.

APPLICATION REQUIREMENTS & FINANCIAL OBLIGATIONS:

In order for us to process your child's application for the 2011-2012 religious school year, the following financial obligations to Har Zion Temple must be in order. All 2010-2011 synagogue membership dues, Noreen Cook Center, Jane Fishman Grinberg Religious School tuitions (if applicable), and all other fees must be paid in full at the time this application is presented to the school office. Furthermore, a valid (current) membership must be maintained throughout the school year. It is, therefore, understood that if accepted, your 2010-2011 membership dues will be paid in full by September 1, 2011. ***Har Zion Temple policy requires that one half of the Jane Fishman Grinberg Religious School tuition be made by September 1, 2011 with the balance to be paid by December 1, 2011. The \$70 registration fee must accompany this application. Please make check payable to Har Zion Temple.***

CANCELLATION & REFUND POLICY:

No refunds will be issued and/or credit transferred to any other division of Har Zion Temple for any reason. Exceptions to this policy can only be made with written approval by the Executive Director.

Please note that if there are any special circumstances or problems of which the school should be aware, please contact our Educational Director before this application is filed.

This application is a legally binding contract. All financial obligations owed to Har Zion Temple for the above named child are the responsibility of both parents. This application will not be processed unless both parents acknowledge this financial obligation by signing below. Any exceptions or special circumstances require the prior written approval of the Executive Director.

We have read and agree to be legally bound by all of the terms and conditions set forth above.

DATE

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT