

Account Number     /    /    /    /    /    /    /    /    

Date of Enrollment     /    /    

**ELEMENTARY SCHOOL REGISTRATION 2008-2009**

**Har Zion Temple**

**The Jane Fishman Grinberg Religious School**

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



Rabbi Nogah Sherman, Educational Director

Please enroll my child in one of the following age appropriate programs (all fees are on last page):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>GAN (KINDERGARTEN)</b> Sunday only | <input type="checkbox"/> <b>DALET (Grade 4)</b> Tuesday/Sunday |
| <input type="checkbox"/> <b>ALEPH (Grade 1)</b> Tuesday/Sunday | <input type="checkbox"/> <b>HEH (Grade 5)</b> Tuesday/Sunday   |
| <input type="checkbox"/> <b>BET (Grade 2)</b> Tuesday/Sunday   | <input type="checkbox"/> <b>MADREGOT</b> Tuesday/Sunday        |
| <input type="checkbox"/> <b>GIMEL (Grade 3)</b> Tuesday/Sunday |  |

<p><b>ELEMENTARY SCHOOL SCHEDULE:</b>  <b>Tuesday, 4:00 - 6:15 PM</b>  <b>Sunday, 9:45 AM - 1:00 PM</b></p>
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Please consider our youth groups:       **Garanim** (K-2)       **Haverim** (3-5)

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate     /    /      
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Age as of September 1, 2008: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Phone \_\_\_\_\_

Academic Year: September, 2008, Secular School \_\_\_\_\_ Grade \_\_\_\_\_

Siblings: (Name, Age) \_\_\_\_\_

Siblings currently registered at Har Zion (Name and Class) \_\_\_\_\_

Father's Name (including title)	Mother's Name (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
E-mail Address (Home) [Mandatory for communication purposes]	E-mail Address (Home) [Mandatory for communication purposes]
E-mail Address (Business)	E-mail Address (Business)

Marital Status	To Whom Should Mail Be Sent
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Paternal Grandparents	Maternal Grandparents
Address	Address
Phone	Phone
E-mail Address	E-mail Address

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) |   |   |



Does your child have any of the following problems which might affect his/her ability to learn?  
(Please check all that apply.)

- |   |  |
|---|--|
| <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 | <input type="checkbox"/> Other (please describe)           |



Is there any 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
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Mobile Phone	Health Insurance Company	Policy #
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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.**

*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.*

**APPLICATION REQUIREMENTS & FINANCIAL OBLIGATIONS:**

In order for us to process your child's application for the 2008-2009 religious school year, the following financial obligations to Har Zion Temple must be in order. All 2007-2008 synagogue membership dues, Noreen Cook Center, Jane Fishman Grinberg Religious School, Day Camp (if applicable) tuitions, 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 2008-2009 membership dues will be paid in full by September 1, 2008. *Har Zion Temple policy requires that one half of the Jane Fishman Grinberg Religious School tuition be made by September 1, 2008 with the balance to be paid by December 1, 2008. The \$45 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

**FOR OFFICE USE ONLY**

CODE	DESCRIPTION	FEE
<input type="checkbox"/> 51 2009	Gan	\$580
<input type="checkbox"/> 52 2009	Aleph, Bet	\$1035
<input type="checkbox"/> 53 2009	Gimel, Dalet, Heh	\$1035
<input type="checkbox"/> 54 2009	Madregot	\$1035
<input type="checkbox"/> 55 2009	Registration	\$45
<input type="checkbox"/> 55M 2009	Madregot Registration	\$45
<input type="checkbox"/> 6G,6H 2009	Youth Group Membership	\$55

MAIN OFFICE	
Accepted By	_____
Deposit \$	_____
Date	_____
SCHOOL OFFICE	
Entered By	_____
Date	_____

CLASS ASSIGNMENT \_\_\_\_\_