

TEMPLE ISRAEL DOVER RELIGIOUS SCHOOL
2009 – 2010 Registration
Classes will be offered for Kindergarten through 7th grade
(Confirmation program by separate arrangement with Rabbi Karol)

Parent/Guardian Name _____

Address _____

Telephone (home) _____ (work) _____

Other Telephone number (indicate if cell phone) _____

E-mail address(es) - For Temple & school information _____

Additional Parent/Guardian Name _____

*Address _____

Telephone (home) _____ (work) _____

Other Telephone number (indicate if cell phone) _____

E-mail address(es) - For Temple & school information _____

*Please circle children's primary address, if applicable.

If we cannot reach one of the above, whom shall we call in case of emergency?

Name _____ Telephone _____

STUDENTS

Name	Secular School attending/Grade (as of 9/09)	Hebrew Name	DOB

Please make your deposit of \$250 per student by July 15, 2009 to hold each child's place in our Religious School for next year. Billing for the remainder of tuition will be mailed in late July. Please make **full payment** of tuition or alternative payment arrangements by **August 15, 2009**. *Please note participation in religious school is dependant upon 2009-2010 Membership being paid in full or alternative payment arrangements being confirmed with the Temple Board by August 30, 2009.* Contact the temple office at 603-742-3976 for any further information.

Tuition for students in Kindergarten through Seventh Grade will be \$500 per student. The one-time additional B'nei Mitzvah fee is \$450 per student.

Please contact Rabbi Karol for information about maximum tuition per family.

I HAVE ENCLOSED A TOTAL DEPOSIT OF \$250 PER STUDENT FOR THE 2009-2010 SCHOOL YEAR, FOR A TOTAL OF \$_____.

Please mail this form to Tammy Fascetta, Temple Israel, PO Box 254, Dover NH 03821 or drop off at the synagogue office.

(Over)

At Religious School, I would like my child(ren) to learn:

I would also like you to know that:

Does your child (do your children) have any learning disabilities?

Are there medical conditions or allergies about which the school should be informed?

Is your child (are your children) on any medication? Please specify.

Child(ren)'s Physician's Name: _____

Telephone # _____ Group Name: _____

Group # _____ Policy # _____

Name of Primary Insured Person: _____

Should a medical emergency require immediate attention, and I cannot be reached, I authorize a representative of Temple Israel Religious School to transport my child(ren) to the nearest health care facility and I authorize any emergency medical treatment that might be necessary.

Signature: _____ Date: _____

Print Name: _____ Relationship to child(ren): _____

The Religious School relies on the generous gifts of time and energy parents make by participating in programming. Please check below those areas for which we may call upon you for assistance:

- | | |
|---|--|
| <input type="checkbox"/> Teaching or Leading Activities | <input type="checkbox"/> Serving on Education Committee |
| <input type="checkbox"/> Organizing Parent Volunteers | <input type="checkbox"/> Sponsoring a Family Program |
| <input type="checkbox"/> Coordinating a Telephone Tree | <input type="checkbox"/> Shopping for Supplies |
| <input type="checkbox"/> Writing articles on events | <input type="checkbox"/> Taking photos at events |
| <input type="checkbox"/> Set-up/Clean-up for events | <input type="checkbox"/> Providing lunch/snacks |
| <input type="checkbox"/> Assisting Teachers in class activities/lessons | <input type="checkbox"/> Serving as a substitute teacher |
| <input type="checkbox"/> Tutoring students in Hebrew on Wednesdays
when extra assistance is needed | |