

Paul B. Anton Religious School
1400 N 46 Avenue, Hollywood, FL 33021 Phone: (954) 987-1694
2009-2010* Religious School Registration Form * 5769-5770

STUDENTS INFORMATION: *(Please print neatly)*

Student's Name _____ Date of Birth _____ M ___ F ___
 Secular School _____ Grade in Fall _____ Tuition* _____
 Student's Name _____ Date of Birth _____ M ___ F ___
 Secular School _____ Grade in Fall _____ Tuition* _____
 Student's Name _____ Date of Birth _____ M ___ F ___
 Secular School _____ Grade in Fall _____ Tuition* _____

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian _____ Parent/ Guardian _____
 Address _____ Address _____
 Zip _____ Zip _____
 Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

TUITION PAYMENT PLAN AGREEMENT

This application must be accompanied by a \$250.00 NON-REFUNDABLE Book, Materials, Activity, & Security Fee (BMA SF)

Plan A. One payment in full on or before 7/31/2009. This can be paid by cash, check, bank debit or credit card.
 Tuition \$ _____ + \$250 (per child) Book, Materials & Activities - **10% Discount (for Payment in Full)** = \$ _____

Plan B. Payment in two (2) equal installments due on 8/01/09 and 12/01/09. This plan must be paid by debit or credit card. Tuition \$ _____ divided by 2 = \$ _____ (This is the amount you pay per installment)

Plan C. Payment in ten (10) equal monthly payments starting on 8/01/09 through 5/01/10. This plan must be paid by debit or credit card. Tuition \$ _____ divided by 9 = \$ _____ (This is the amount you pay per installment).

If you enroll after 8/15/2009, you must make all necessary payments to catch up with the Payment Plan you select. All final payments are due by 5/15/2010. Books and Activities Fees are non refundable.

PAYMENT METHOD

Check ___ Cash ___ Debit/Credit Card: VISA ___ MASTERCARD ___
 Cardholder signature below authorizes Temple Sinai of Hollywood to charge your debit/credit card to collect ALL PAYMENTS DUE according to the schedule of payments and their due dates. If paying by credit card and the cardholder is someone other than the parent/guardian, please indicate relationship to parent/guardian below.

Debit/Credit Card No: _____ Expiration Date: _____
 Name on Debit/Credit Card: _____ Signature _____ Date _____

It is understood that no refunds will be made against the agreed tuition by reason of absence, illness or withdrawal of any pupil. If final payment is not received by due date, the Paul B. Anton Religious School reserves the right to institute action to collect fees and may also include a student not being allowed to return to the Religious School Program. If financial difficulty is incurred during the school year, contact the Executive Director to work out a revised payment plan. I (we) have read and understand all of my (our) obligations listed above.
The party responsible for paying the student's tuition must sign below.

 Responsible for Payment (Print Name) Signature Relationship to Parent/Guardian

PLEASE NOTE: If credit card expires before your final payment, please provide our Accounting Office with new information. This authorization will remain in effect until written notification to cease is received.

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Tuition Schedule

Grades	Member (+Fees*)	Non-Member (+Fees*)
Pre K	\$125.00	\$250.00
K-2 nd Grade	\$500.00	\$750.00
3 rd -7 th Grade	\$600.00	\$850.00
Confirmation (9 th & 10 th)	\$500.00**	N/A

** \$250.00 is required. This fee includes books, materials, and activities. Fee is in addition to tuition.*

*** Confirmation class is open only to children of Synagogue members, & includes dinner.*

Bar/Bat Mitzvah fees are not included. Please contact the Executive Director for the current fees.

Class Schedule

Grades	Days	Times
Pre K - 7	Sunday	10:00 AM - 12:00 PM
K - 6	Tuesday	05:00 PM - 06:30 PM
9 -10 (Confirmation)	Tuesday	06:00 PM - 07:00 PM
3 - 7	Thursday	05:00 PM - 06:30 PM

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You must complete a separate form for each child

STUDENT INFORMATION

Student _____ Hebrew Name _____

Grade ____ Date of Birth _____ Social Security # _____ Student's E-mail _____

Parent/ Guardian _____ Parent/ Guardian _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

(Cell) _____ E-mail _____ (Cell) _____ E-mail _____

Child lives with: Both Parents ____ Other Arrangements _____

Please note: any modification will be sent by e-mail including schedule changes & cancellations

Please advise the school office of any changes during the school year.

EMERGENCY CONTACT INFORMATION *(Please circle preferred contact method H-W-C for each)*

Name _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____

Name _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____

Name _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____

The following people also have the authority to pick up my/our child(ren):

1. Photos: I/we do ____ do not ____ give permission for my child's picture to be used in Temple Sinai of Hollywood material (print, web, video, etc.).

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

(Please note that in the unlikely event of an emergency, it is Temple Sinai's policy to contact 911. Should it be deemed necessary, EMS will determine the appropriate facility to which to transport your child. We will make every effort to notify you AFTER 911 has been called.)

Health Insurance Company _____ Phone _____

ID or Group # _____ Date of child's last Tetanus Booster: _____

Does your child have any allergies? Yes ____ No ____ If yes, please list: _____

Please turn over to complete form

*Temple Sinai of Hollywood Paul B. Anton Religious School * 1400 N 46th Ave * Hollywood, FL 33021*

Temple Sinai of Hollywood Paul B. Anton Religious School

Does your child have any physical restrictions or special medical conditions? Yes ____ No ____

If yes, please list:

Does your child take any medication regularly that would impact his/her participation during the school? Yes ___ No ___ If yes,

please list: _____

SPECIAL INFORMATION

Please provide any additional information we and our teachers should know about your child to ensure the best education possible. Please indicate special learning needs and special strengths. Please include matters which may affect attendance. (If you prefer to discuss these matters privately, please call Mr. Hettena at 954-987-1694)

What are your goals for your child in Hebrew School?

If your child is new to Temple Sinai Religious School, has your child begun Hebrew Studies? Yes ___ No ___ If yes,

number of years _____ Where _____

PERMISSION FORM: Consent to treatment of minor:

I, the parent/legal guardian of _____ (please print), a minor, in grade ____, attest that the information provided on this form is accurate, and I give permission for my child, named above, to participate in all activities except if noted otherwise. I authorize the Temple Sinai Religious School staff to consent, in my absence, to medical treatment, and/or hospital care to be rendered to my child under the supervision and upon the advice of a licensed physician.

This authorization is effective from August 28, 2007, to May 31, 2008. I understand that the Temple Sinai Religious School staff will obtain the appropriate care for my child and I will be notified. I understand the primary financial responsibility for such care belongs to me as a parent/legal guardian.

Parent/ Guardian Name (Please Print) _____

Parent/ Guardian Signature _____ Date _____