

|            | SIGNED | DATE  |
|------------|--------|-------|
| Office     | _____  | _____ |
| Bookkeeper | _____  | _____ |

# Form A

## 2020-2021 (5780-5781) REGISTRATION

To register, please return completed forms and non-refundable deposit (\$125 per family) by July 1, 2020, payable by check or via PayPal (with a pass through convenience fee of \$5.00). The \$125 deposit will be applied toward tuition. Make checks payable to: Congregation Shalom Religious School. (If your current circumstances make it difficult for you to pay the deposit, contact the Education Director at eddirector@congregationshalom.org)

:  
PLEASE TYPE OR PRINT CLEARLY

|              | Child 1 | Child 2 | Child 3 | Child 4 |
|--------------|---------|---------|---------|---------|
| Name:        | _____   | _____   | _____   | _____   |
| Hebrew name: | _____   | _____   | _____   | _____   |
| Birth Date:  | _____   | _____   | _____   | _____   |
| Gender:      | _____   | _____   | _____   | _____   |

### As of September 2020

|   |       |       |       |       |
|---|-------|-------|-------|-------|
| Secular School Grade (Select One)<br>(Pre-K, K, 1-12)                             | _____ | _____ | _____ | _____ |
| Religious School Grade (Select One)<br>(Pre-K, K, 1-7)                            | _____ | _____ | _____ | _____ |
| Hebrew School Grade: (Select One)<br>Aleph(3), Bet(4), Gimel(5), Dalet(6), Hey(7) | _____ | _____ | _____ | _____ |
| Chai School Grade (Select One) (8-10)   | _____ | _____ | _____ | _____ |
| Post Confirmation Grade (Select One)<br>(11-12)                                   | _____ | _____ | _____ | _____ |

### FAMILY INFORMATION

|                        |       |               |       |
|------------------------|-------|---------------|-------|
| Family Name            | _____ | Home phone    | _____ |
| Address                | _____ | Family E-mail | _____ |
| Parent 1 Name :        | _____ | Work phone :  | _____ |
|                        | _____ | Cell phone:   | _____ |
| Address (if different) | _____ | E-mail :      | _____ |
|                        | _____ |               |       |
| Parent 2 Name :        | _____ | Work phone :  | _____ |
|                        | _____ | Cell phone:   | _____ |
| Address (if different) | _____ | E-mail :      | _____ |
|                        | _____ |               |       |

From time to time group photos may be taken of temple/school activities. In some instances, these pictures may be used on the temple web site or on social media to promote temple events/activities. Children will never be identified. If you **do not want** your child(ren) photographed, check here. ☐

Families must be in good financial standing with Congregation Shalom as of September 1, 2020 in order for their child(ren) to attend Religious/Hebrew School.

### DECLARATION OF RELIGIOUS EDUCATION EXCLUSIVITY

The URJ, the organization of Reform synagogues with whom we are affiliated, has a policy that all children who attend religious school in Reform synagogues are being raised as Jews and are not being formally educated in any other faith. This also means that all life-cycle ceremonies that the child participates in must be exclusively Jewish. Registering your child in Congregation Shalom's Religious School is an acknowledgement of abiding by this principle. I attest that my child(ren) do not attend any other religious denomination's educational programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_