

Office use only

	INITIALS	DATE	PMT AMT	PMT TYPE
Office	_____	_____	_____	_____
Bookkeeper	_____	_____	_____	_____

Form A

2025-2026 (5785-5786) REGISTRATION

PLEASE TYPE OR PRINT CLEARLY

	Child 1	Child 2	Child 3
Name	_____	_____	_____
Hebrew Name	_____	_____	_____
Birthdate	_____	_____	_____
Child Resides with:	_____	_____	_____

As of September 2025

Secular School Grade (PreK – 12)	_____	_____	_____
Religious School Grade (PreK – 7)	_____	_____	_____
Hebrew School Grade (3-7)	_____	_____	_____
Chai School Grade (8-10)	_____	_____	_____
Post-Confirmation (11-12)	_____	_____	_____

Family Name: _____

Address: _____ Home Phone (if applicable) _____

Family Email (if applicable) _____

Parent 1 Name _____ Cell Phone: _____ Email: _____

Parent 2 Name _____ Cell Phone: _____ Email: _____

Parent 2 Address, if different _____

From time to time group photos may be taken of temple/school activities. In some instances, these pictures may be used on the temple website 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, 2025 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: _____