



2009-2010 Camp Pomegranate Registration

Please submit a separate form for each child

Student's Name _____ Student's Hebrew Name _____
Birth date _____ Sex (M or F) _____ Secular School _____

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Circle below the Religious School grade for your child

Based on Grade in September 2009 in regular school

K 1st 2nd 3rd 4th 5th 6th 7th other: _____

Emergency Contact & Medical Consent

Temple Etz Rimon
P.O. Box 130845
Carlsbad, CA 92013-0845
(760) 929-9503

Mother's Name _____ Home phone _____
Email _____ Cell phone _____

Father's Name _____ Home phone _____
Email _____ Cell phone _____

Mother's Address _____ City, Zip _____
Father's Address (if different) _____ City, Zip _____

In the event of an emergency, when I am not available, please contact:
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____

My child is taking the following medication: _____
Special needs to be aware of in rendering treatment are: _____

Allergies: _____

I hereby authorize Temple Etz Rimon to obtain necessary emergency care for my child. In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by Temple Etz Rimon representatives or employees, when neither Parents, Guardian or Family Physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Signature of Parent _____ Date _____

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Circle the amount below for your child's tuition

Tuition includes classes, books and all materials needed for participation*

ANNUAL SCHOOL FEES

Kindergarten, 1st 2nd grades **\$500.00**

3rd, 4th, 5th & 6th grades **\$900.00**

B'Nai Mitzvah class **\$650.00**

* Enrollment in Camp Pomegranate is only available to families who are members of Temple Etz Rimon. Yearly membership in Temple Etz Rimon is \$700.00.

Release

I agree that pictures/videos of my child taken during his/her participation in religious school and other Temple Etz Rimon programs may be used by Temple Etz Rimon for publicity or promotional purposes.

Signature of Parent _____ Date _____

Consent

I agree that my child's name, address and telephone number may be used by Temple Etz Rimon for a school or class telephone roster.

Signature of Parent _____ Date _____

Deposit must accompany this application.

You must be a Temple Etz Rimon member and current on your Temple Etz Rimon financial obligations to enroll your child in religious school.

Choose one payment option:

() full payment for tuition in the amount of \$_____ is enclosed.

() I have enclosed half of my child's tuition \$_____ and will pay the balance of \$_____ by December 31, 2009. **I understand that for my child to return to religious school in January the balance must be paid in full.**

() other: must be written in below and be approved by education director.

I understand my financial obligation to Temple Etz Rimon is for the **full annual tuition** as stated in this registration form, and that Temple Etz Rimon does not refund the tuition or cancel unpaid obligations if the student withdraws for any reason during the upcoming academic year.

Signature of Parent _____ Date _____