



## 2015-2016 Temple Etz Rimon Religious School Registration

Please submit a separate set of forms for each child.

Student's Name \_\_\_\_\_ Student's Hebrew Name \_\_\_\_\_ (bar/bat) \_\_\_\_\_  
 Birth date \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Secular School \_\_\_\_\_

### Circle below the Religious School grade for your child

*Based on Grade in September 2015 in secular school*

**K   1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>   7<sup>th</sup>**

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### Emergency Contact & Medical Consent

Temple Etz Rimon  
 2020 Chestnut Avenue Carlsbad, CA 92008  
 (760) 929-9503

Parent 1 Name \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent 1 Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Parent 2 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 \_\_\_\_\_



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 \_\_\_\_\_

**Indicate the amount below for your child's tuition**

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

**ANNUAL SCHOOL FEES**

<b>Student Grades</b>			
# of children 1 <sup>st</sup> through 2 <sup>nd</sup> Grades	@	\$360 each	=
# of children 3 <sup>rd</sup> through 7 <sup>th</sup> Grades	@	\$1,050 each	=
		<b>Total Due</b>	=
<b>This must be at least ½ tuition due</b>		<b>Total Enclosed</b>	=
<b>Balance must be paid by 12/31/2015</b>		<b>Balance Due</b>	=

**EARLY BIRD DISCOUNT: IF FULL PAYMENT OR ½ TUITION IS MADE PRIOR TO JULY 1, 2015, TEMPLE ETZ RIMON WILL REFUND \$100 PER STUDENT.**

Limited financial aid is available. If interested, please contact Rabbi Sherman at [rabbisberman@templeetzrimon.org](mailto:rabbisberman@templeetzrimon.org).

\* Enrollment in Temple Etz Rimon Religious School is available only to families who are members of Temple Etz Rimon. Yearly family membership at Temple Etz Rimon is \$1,100.

**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.

I understand my financial obligation to Temple Etz Rimon is for the **full annual tuition** as stated on 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 \_\_\_\_\_