



TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County
CARLSBAD, CALIFORNIA

2017-2018 Religious School Registration

Please submit a separate set of forms for each child

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

Circle Below the Religious School Grade for Your Child

(Based on Grade in September 2017 in secular school)

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

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 _____



TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County
CARLSBAD, CALIFORNIA

Release

I agree that Temple Etz Rimon may use pictures/videos of my child taken during his/her participation in religious school and other Temple Etz Rimon programs 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

<i>Student Grades</i>			
# of children in Kindergarten	@	\$360	
# of children 1 st through 2 nd Grades	@	\$720 each	=
# of children 3 rd through 7 th Grades	@	\$1,100 each	=
		Total Due	=
This must be at least 1/2 tuition due		Total Enclosed	=
Balance must be paid by 12/31/2016		Balance Due	=

**EARLY BIRD DISCOUNT: IF FULL PAYMENT IS MADE PRIOR TO JULY 1, 2017,
TEMPLE ETZ RIMON WILL REFUND \$100 PER STUDENT.**

*Limited financial aid is available. If interested, please contact Rabbi Sherman
rabbisherman@templeetzrimon.org*

*** Enrollment in Temple Etz Rimon Religious School is available only to families
who are members of Temple Etz Rimon.**

.....

Deposit Must Accompany This Application

**You Must Be a Temple Etz Rimon Member and Current on Your 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 _____