



**2012-2013 TUITION AND REGISTRATION FORMS AND FEES
FOR RELIGIOUS SCHOOL, ACADEMY AND CONFIRMATION**

We are delighted that your child(ren) will be attending Temple Shirat Shalom's religious school. It is time to register for the 2012-2013 school year! Following is the Religious School Registration Packet. **Please return the registration forms with your tuition payment to Mrs. Susan Shmookler, 1495 Coventry Road, Allentown, PA 18104. Deadline for submission is AUGUST 31, 2012.**

Basic Fees: (Text book fees included)

First child..... \$ 390
 Second child..... \$ 340
 Each additional child..... \$ 315

If your child will become a Bar/Bat Mitzvah in the 2012-2013 school years the child **must be enrolled in the Religious School.**

Additional Fees per child:

Bar/Bat Mitzvah Fee..... \$1,200
 Confirmation Fee (10th)..... \$ 350

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Parent/Guardian:	Parent/Guardian:
Home #:	Home #:
Business #:	Business #:
Cell #:	Cell #:
Email:	Email:
Child resides with:	
Name/Phone # of emergency contact:	

Total enclosed _____

All students will attend religious school on Sundays from 10:00AM-12 Noon.

Students in the 3rd through 6th grades will also attend mid-week Hebrew school on Wednesdays from 4:30pm to 6:00pm.

The Academy includes our students 7th grade through the 10th confirmation class. Our students are strongly encouraged to attend our *Academy* Program through Confirmation (10th grade).

In order to register and to receive classroom assignments for your child/children you are required to be members in good standing. Please contact Jay Plotnick at treasurer@templeshiratshalom.org if you have any questions about your dues, or if you need to make special arrangements,



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Student Contact Information

Name of Student	Grade as of 9-1-12	Birth Date	Medical conditions or allergies – please list.

NOTE: IF YOU HAVE ADDITIONAL CHILDREN, PLEASE PROVIDE INFORMATION ON THE BACK OF THIS FORM.

MEDICAL INSURANCE

Insurance Company _____
 ID Number _____ Policy Number _____
 Name of Policy Holder _____

MEDICAL RELEASE AUTHORIZATION

In case of an accident or serious illness, I request that Temple Shirat Shalom contact me immediately. If the school is unable to reach me, I hereby authorize the Religious School or its authorized agent to secure proper treatment for my child.

Yes _____ No _____

**If your child has any additional educational support needs, please leave a message
for Cantor Sussman at 610.820.7666.**

AUTHORIZATIONS: I HEREBY GIVE TEMPLE SHIRAT SHALOM PERMISSION TO:

- Include any photographs of my child on its website, in publicity documents, and on social media sites (no names will be attached to photographs without prior authorization) YES___ NO___
- In the religious school directory publish our HOME PHONE NUMBER YES___ NO___
- Take my child on field trips YES___ NO___

Parent(s) Signature and Date: _____ **Date** _____



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School Calendar

Sunday Religious School

October 14
21
28

November 4
11
18

December 2
9
16

January 6
13
20
27

February 3
10
24

March 3
10
17

April 7
14
21
28

Wednesday Hebrew School

October 17
24
31

November 7
14
21

December 5
12
19

January 9
16
23
30

February 6
13
27

March 6
13
20

April 3
10
17
24