

Cape Cod Synagogue Religious School

145 Winter St., Hyannis, MA 02601
(508) 775-2988

Registration for 5772 (2011--12)

Student(s)'s last name: _____ E-mail: _____

Home address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Student(s) live(s) with: _____ Jewish? _____

Name: _____ Relationship: _____ Yes No

Name: _____ Relationship: _____ Yes No

Names of siblings: _____

Student #1

First Name: _____ MI: _____ Hebrew Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____ Daytime School: _____ Grade: _____

Previous Jewish Education: Where? _____ How Long? _____

Student #2

First Name: _____ MI: _____ Hebrew Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____ Daytime School: _____ Grade: _____

Previous Jewish Education: Where? _____ How Long? _____

Student #3

First Name: _____ MI: _____ Hebrew Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____ Daytime School: _____ Grade: _____

Previous Jewish Education: Where? _____ How Long? _____

PLEASE RETURN ALL OF THESE FORMS TO THE CAPE COD SYNAGOGUE - 145 WINTER STREET, HYANNIS, MA 02601 ATTN: RELIGIOUS SCHOOL

Additional Information

Please write below any additional information that we should have about your child(ren) that will help us provide the best learning environment and experience:

Are there any medical conditions, allergies, or medications, or dietary restrictions of which we should be aware?

Child #1 _____

Child #2 _____

Child #3 _____

In the unlikely event that we can not reach you please provide
Doctor's Name _____ Phone Number _____

In the case of an emergency, I hereby give permission to the Rabbi, Education Coordinator or my child's teacher to obtain any necessary medical treatment if warranted.

Parent's Signature: _____ Date: _____

Registration Fee Schedule 2011-2012

IN ORDER FOR A STUDENT TO QUALIFY AS REGISTERED, FEES MUST ACCOMPANY THIS FORM. YOU MUST BE A MEMBER IN GOOD STANDING TO REGISTER YOUR CHILD(REN) FOR RELIGIOUS SCHOOL.

If you have special circumstances or require financial assistance, please contact our Financial Secretary, Myrna Elkins, for confidential arrangements.

Grade	Tuition	# of Students
Pre-K	\$365 x _____	= _____
Kindergarten	\$365 x _____	= _____
First	\$365 x _____	= _____
Second	\$365 x _____	= _____
Third	\$425 x _____	= _____
Fourth	\$425 x _____	= _____
Fifth	\$425 x _____	= _____
Sixth	\$425 x _____	= _____
Seventh	\$425 x _____	= _____
Eighth-Tenth	\$365 x _____	= _____

Reserved for Office Use

Q _____

A _____

S _____

M _____

W _____

Please choose a payment method

Check (enclosed)

Credit Card:

Visa MasterCard

Name on Card _____

Card Number _____

Expiration ____ / ____

Signature _____

All tuition payments are final. Unusual circumstances will be considered on an individual basis.

(Below items not subject to discount)

Grade 8-10	\$135 x _____	= _____
Meal Fee		
Bar/Bat	\$350 x _____	= _____
Mitzvah Fee		
Total Due		= _____

Multiple Child Discount
For every child beyond the first one registered, we offer a \$50 discount.

Total Students Registered — 1 ()
(E.g. If I have 3 children in school, enter "2")

x \$50

Total Discount = _____

Subtract your total discount from the above Total Due.

Grand Total Due = _____

The Cape Cod Synagogue Religious School
Student Emergency Procedure & Confidential Information Form
2011-2012—5772

IT IS IMPERATIVE for the safety and well-being of your child/children that you complete and return this form to the Education Coordinator *with* your Registration form. If you prefer, you may submit a separate form for each child.

Parent(s) or Guardian(s): _____

Primary Contact (if applicable): _____

Address: _____

Phone—Home: _____ Work: _____ Cell: _____

Emergency Contact #1—name & phone: _____

Emergency Contact #2—name & phone: _____

Doctor's name & phone: _____

<u>STUDENT #1—NAME</u>	<u>STUDENT #2 -NAME</u>	<u>STUDENT #3—NAME</u>

Please complete the following medical information for each child listed above:

<u>MEDICATIONS</u>	<u>MEDICATIONS</u>	<u>MEDICATIONS</u>

<u>ALLERGIES</u>	<u>ALLERGIES</u>	<u>ALLERGIES</u>

<u>Dietary Restrictions</u>	<u>Dietary Restrictions</u>	<u>Dietary Restrictions</u>

<u>Asthma/other medical conditions</u>	<u>Asthma/other medical conditions</u>	<u>Asthma/other medical conditions</u>

In the case of an emergency, I hereby give permission to the Rabbi, Education Coordinator, or my child's teacher to obtain any necessary medical treatment at Cape Cod Hospital or elsewhere if warranted.

PARENT'S/GUARDIAN'S SIGNATURE: _____

Cape Cod Synagogue

Application for Religious School Scholarship
**YOU MUST APPLY FOR SCHOLARSHIP NO LATER THAN
NOVEMBER 1, 2011!**

Child's Name	Grade in Religious School	Cost
First child_____	_____	\$_____
Second child_____	_____	\$_____
Third child_____	_____	\$_____
	Total Cost:	\$_____

Name(s) of Parent(s)_____

Address:_____

Town/City_____ State_____ Zip Code_____

Mailing address if different:_____

Town/City_____ State_____ Zip Code_____

Phone—Mother (home): (____) _____

Phone—Mother (work): (____) _____

Phone—Mother (cell): (____) _____

Phone—Father (home): (____) _____

Phone—Father (work): (____) _____

Phone—Father (cell): (____) _____

Reason for request of scholarship:

**Please send this confidential form separately from other Religious
SSchool forms to: Cape Cod Synagogue, 145 Winter Street, Hyannis, MA**

Cape Cod Synagogue Religious School Permission Form 2011-2012(5772)

This form will give parents the option to approve or disapprove the release or use of certain information or photos or their children participating in certain activities, as explained below. However parents choose, it is imperative that their intentions are clearly communicated by signing in the designated place(s).

Child's Name	(PLEASE LIST)	Grade
_____		_____
_____		_____
_____		_____

Blanket approval or disapproval - I have read all the information below and choose to (check one and *sign* below): **APPROVE** or **DISAPPROVE**

the release of our names, address, e-mail address and phone number so that Religious School class lists can be distributed to Synagogue families; the use of photographs of my child or children or members of our family on the Synagogue's website, in the school newsletter and within the Synagogue; and my child or children walking with their teacher (s) and classmates to get ice cream or for other local activities approved by the Rabbi. Further, I waive any claims or cause of action against Cape Cod Synagogue and its employees which may arise by reason of injuries to my child or children or damages relating to such release or use of information or photographs or participation in activities and agree that said Synagogue and employees are released and forever acquitted from all and any claims of liability to me or my child or children, or any combination thereof, for injuries or damages sustained because of such release or use or participation in activities.

Signed: _____ . *If you made a choice above and have signed here, you do not need to complete the rest of the form.*

B. CLASS LISTS – We would like to distribute class lists to families to facilitate children and parents contacting each other as appropriate. Please either approve or disapprove the release of your names, address, e-mail address and phone number so that Religious School class lists can be distributed to Synagogue families.

I have read this information about class lists and choose to (check one and *sign* below):

APPROVE or **DISAPPROVE**

the release of our names, address, e-mail address and phone number so that Religious School class lists can be distributed to Synagogue families. Further, I waive any claims or cause of action against Cape Cod Synagogue and its employees which may arise relating to such release or use of information and agree that said Synagogue and employees are released and forever acquitted from all and any claims of liability to me or my child or children, or any combination thereof, for injuries or damages sustained because of such release or use.

Signed: _____ .

C. PHOTOGRAPHS – At school events, photographs of the children and their families are taken. As the Synagogue’s website is enhanced, we would like to include some of these photographs. No names will be used. We also display photographs in the school newsletter and within the building. Please either approve or disapprove the use of photographs of your child or children or members of your family on the Synagogue’s website, in the school newsletter and within the Synagogue.

I have read this information about photographs and choose to (check one and *sign* below):

_____ APPROVE or _____ DISAPPROVE

the use of photographs of my child or children or members of our family on the Synagogue’s website, in the school newsletter and within the Synagogue. Further, I waive any claims or cause of action against Cape Cod Synagogue and its employees which may arise relating to such use of photographs and agree that said Synagogue and employees are released and forever acquitted from all and any claims of liability to me or my child or children, or any combination thereof, for injuries or damages sustained because of such use.

Signed: _____.

D. LOCAL ACTIVITIES – Parents are notified at the end of the year, and Hebrew students walk to get ice cream on Main Street in Hyannis. At times the Rabbi might take left over food to the NOAH shelter with his students. Please either approve or disapprove your child or children walking with their teacher(s) and classmates to get ice cream or for other local activities approved by the Rabbi.

I have read this information about local activities and choose to (check one and *sign* below):

_____ APPROVE or _____ DISAPPROVE

my child or children participating in local activities as explained above. Further, I waive any claims or cause of action against Cape Cod Synagogue and its employees which may arise relating to such participation in local activities and agree that said Synagogue and employees are released and forever acquitted from all and any claims of liability to me or my child or children, or any combination thereof, for injuries or damages sustained because of such participation.

Signed: _____.