

For Office Use Only:

Grade: _____

Date Received: _____

Received by: _____

Tikvat Israel Congregation

Atid Learning Center

2016-2017 Registration Form

Kindergarten - 6th Grade



Please complete a separate form for each child you will be registering for our program.

STUDENT & FAMILY INFORMATION

New Student Returning Student

Student's Name: _____

Hebrew Name: _____

Birth Date: _____ Gender: Male _____ Female: _____

School: _____ Grade in Fall 2016: _____

Parent 1: Name _____ Email _____

Address: _____

City _____ Zip _____

Telephone: Home # _____ Cell # _____ Work # _____

Parent 2: Name _____ Email _____

Address: _____

City _____ Zip _____

Telephone: Home # _____ Cell # _____ Work # _____

If this child has two households, would you like material sent or emailed to both parents? Yes No

***Please be sure to fill out current email addresses. We send electronic communication on a weekly basis. Communications include, but are not limited to class updates, upcoming events, and reminders.**

PHOTOGRAPH CONSENT

Occasionally photos of your student might be included on our website or Tikvat Israel/Atid Learning Center printed publications. Images will never include any name or identifying information. Please sign in the space below to give us your consent to publish in print, electronic, or video format the likeness or image of your child.

Parent's Signature

Date

MEDICAL & EMERGENCY INFORMATION

Person other than parent to contact in case of an emergency:

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Please describe medical conditions, allergies, learning, or classroom needs of which we should be aware:

Medical Consent/Field Trip Permission: I, the undersigned, authorize Tikvat Israel Congregation to call a physician or seek emergency room treatment as necessary for my child in case of any emergency and agree to pay all expenses incurred. I also permit my child to attend all planned trips arranged by Atid Learning Center, Youth Groups, or Tikvat Israel Congregation, and release Tikvat Israel, its officers, agents and employees from any and all liability arising out of my child's participation in such activity.

Parent's Signature

Date



BEHAVIOR POLICY

We expect all students to engage in appropriate behavior at all times. This includes behaving with respect towards fellow students and teachers; treating the synagogue and school building with reverence; and refraining from causing any type of disturbances. Students who disrupt class or cause problems within the Tikvat Israel community will be subject to disciplinary consequences including meetings with their parents and the Rabbi or Cantor. If need be, they will be asked to leave the program.

Vandalism of the building and grounds or any acts of violence will not be tolerated. We also have a zero-tolerance policy regarding the use or possession of any kind of alcohol, drugs or weapons on synagogue and school property. Anyone found with drugs or weapons will be removed from our programs immediately. Additionally, leaving class and walking around the building without permission is unacceptable. Students are always welcome to sit with friends in appropriate areas with proper supervision.

Because the synagogue is responsible for the safety and welfare of the students at all times, anyone who plans on leaving classes early must inform their teacher and the Director of Education and Youth Programming.

I have read and agree to the Tikvat Israel Behavior Policy.

Student's Signature

Date

Parent's Signature

Date

TUITION

Time	Grade	Member Tuition	Non-Member Tuition
Sun: 9:00 - 11:30 AM	K - 3	\$950	\$1250
Sun & Wed: Sun. 9:00 - 11:30 AM Wed. 4:00 - 5:45 PM	4 - 6	\$1450	N/A

PAYMENT PLAN OPTIONS

I agree to the following payment plan option for Atid Learning Center tuition for the 2016-2017 school year. (Please select one)

Pay in Full

Pay in Two Installments

1. 50% Due Upon Receipt of Tuition Agreement

2. 50% Due January 2, 2017

Pay in Monthly Installments Beginning August 1, 2016 and Concluding on April 1, 2017.

By signing below, I understand that I am committing to enrolling my child in the Atid Learning Center 2016-2017 school year at Tikvat Israel Congregation. Enclosed is my \$75 non-refundable deposit to secure my child's enrollment.

Parent's Signature

Date