

**For Office Use Only:**

Student

Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

# Tikvat Israel Congregation

Atid Learning Center

2017-2018 Registration Form

Kindergarten - 6th Grade



## STUDENT & FAMILY INFORMATION

**Student 1**     New Student     Returning Student

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Learning or Classroom needs \_\_\_\_\_

**Student 2**     New Student     Returning Student

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Learning or Classroom needs \_\_\_\_\_

**Student 3**     New Student     Returning Student

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Learning or Classroom needs \_\_\_\_\_

**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

Can we include parent emails, home phone number, and address in the school directory? The directory is only shared with school families.  Yes  No

### 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 image of your child.

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Parent's Signature

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Date

### MEDICAL & EMERGENCY INFORMATION

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 I 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.

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Parent's Signature

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Date



## TUITION

Time	Grade	Tikvat Israel Member Tuition	Non-Member Tuition
Sunday 9:00 - 11:30 AM	K - 2	\$950	\$1250
<b><i>Derech Ivrit</i></b> (See cover letter for course description.) Sunday 9:00 - 11:30 AM	K - 2	\$950	\$1250
Sunday & Wednesday Sun. 9:00 - 11:30 AM Wed. 4:30 - 6:15 PM	3 - 6	\$1450	N/A

**\*We are pleased to offer TI members a 10% discount for each additional child registered.**

Child's Name	Grade	<i>Derech Ivrit</i> (Check box to select this option.)	Tuition	Member Sibling Discount	Registration Fee (Non Refundable)	Subtotal
		<input type="checkbox"/>			\$75	
		<input type="checkbox"/>			\$75	
		<input type="checkbox"/>			\$75	
					<b>TOTAL</b>	

## PAYMENT PLAN OPTIONS

I agree to the following payment plan option for Atid Learning Center tuition for the 2017-2018 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, 2018

\_\_\_ Pay in 9 Monthly Installments Beginning August 1, 2017 and Concluding on April 1, 2018.

By signing below, I understand that I am committing to enrolling my child in the Atid Learning Center 2017-2018 school year at Tikvat Israel Congregation. Enclosed is my \$75 non-refundable deposit to secure my child's enrollment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date