**Temple Emanuel Torah Center 2016-2017 (5777)**

**Student Registration Form for Pre-Kindergarten – 7th Grade**

Please contact Rabbi Locketz or the Torah Center Education Office with questions or concerns.

**Pre-K:** Sunday 9:30 AM -12:00 PM (every other Sunday)

**GRADES K-2**: Sunday 9:30 AM -12:00 PM

**GRADES 3-6:** Sunday 9:30 AM- 12:00 PM **and** Wednesday 4:30-6:30 PM (2 DAY PROGRAM)

**GRADE 7:** Monday 6:30 PM – 8:30 PM

|  |  |  |
| --- | --- | --- |
| **Parent or Guardian** | **Home Phone:**  **Work Phone:** | **Cell Phone:**  **May we send you a text message?** Y/N |
| **Home Address:** |  | **Email Address:** |

|  |  |  |
| --- | --- | --- |
| **Parent or Guardian** | **Home Phone:**  **Work Phone:** | **Cell Phone:**  **May we send you a text message?** Y/N |
| **Home Address:** |  | **Email Address:** |
| **With whom does child reside?** | **Both Parents**  **Father** | **Mother**  **Legal Guardian** |

**Emergency Contact (other than parent):**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Phone:** |
| **Name:** | **Relationship:** | **Phone:** |

**LIST CHILDREN TO BE REGISTERED: Please fill in all spaces below. Use an additional form if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Student’s Name** |  |  |  |
| **Student’s Hebrew Name** |  |  |  |
| **Student’s Birthday** |  |  |  |
| **Male or Female** |  |  |  |
| **2016-2017 Grade in School** |  |  |  |
| **Public School Name** |  |  |  |
| **Student’s Email Address** |  |  |  |

            By initialing here, I am granting Temple Emanuel permission, without further consideration, to use my

child(ren)’s picture, captured during regular and special events through photographic, video, or digital media, solely for

Temple Emanuel promotional and educational purposes, including the Temple’s website and other publications. Children

are never named in such photographs.

            By initialing here, I am giving my child(ren) permission to participate in various school activities such as

Gaga. Inherent risks are associated with any activity and by granting permission for my son/daughter to participate, I

acknowledge that such risks exist. However, I believe that the opportunity for learning outweighs these risks and I hereby

grant permission for my son/daughter to participate.

            By initialing here, I am giving Torah Center permission to share the information I provided with my

child(ren)’s teachers.

If I cannot be reached in the event of an emergency, I give permission to the physician selected by our Torah Center

staff to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child(ren).

*If you have indicated that your child(ren) has a serious medical condition, please make certain that emergency medicine*

*Is left in the Education Office with precise instructions signed by you.*

Doctor’s Name: Phone #:

***Parent or Guardian signature:***      ***Date:***      

**Tuition Fees: Pre-K: $275 Grades K-2: $575 Grades 3-6: $675 Grades 7: $550 3rd or 4th child: $475**

*All registration forms are due AUGUST 1, 2016.* Tuition may be paid in full or in six monthly payments, August-January. Form should be accompanied by payment.

*Please note*: Torah Center tuition is heavily subsidized by the congregation. Without these subsidies, tuition costs would be $1200 to $2200, depending on the grade. Please help us meet the cost of educating your child(ren) with an **additional voluntary contribution.** Thank you.

|  |  |  |
| --- | --- | --- |
| **Student’s Name:** | **Grade:** | **Tuition Fee:** |
| **Student’s Name:** | **Grade:** | **Tuition Fee:** |
| **Student’s Name:** | **Grade:** | **Tuition Fee:** |
|  |  | **Voluntary Contribution:** |
|  |  | **Total Due:** |
|  |  | **Tuition Enclosed\***  **Bill my Account\*: Full Amount**  **6 Installments**  **Charge my credit card on file**  **(Card will be charged in Aug and Nov)** |

**\*Should you need to request financial assistance for Torah Center tuition, please contact Leslie Hoffman, Executive Director at 412-279-7600 or** [**lhoffman@templeemanuelpgh.org**](mailto:lhoffman@templeemanuelpgh.org) **.**

**For office use only: Date rcd**       **Amt rcd**       **Check #**       **Bal Due**       **ID#**       **Initials**