



20400 Ventura Boulevard, Woodland Hills, California 91364  
 818 348 0670 Fax 818 348 1584 www.koltikvah.org  
 A Reform Congregation Affiliated with the Union for Reform Judaism

**RELIGIOUS SCHOOL REGISTRATION FORM**

**Please print neatly.**

**PART 1:**

**FAMILY AND EMERGENCY INFORMATION**

Family Name(s):		Adult 1 Name:	Adult 2 Name:
Address:		Office 1 Phone:	Office 2 Phone:
City, State, Zip:		Cell 1 Phone:	Cell 2 Phone:
Home Phone:	Home Fax:	Email 1:	Email 2:

**Emergency Information (Authorized to Pick Up Children Regularly or in Case of Emergency)**

Name:	Relationship:	Phone:	Alt. Phone:
Name:	Relationship:	Phone:	Alt. Phone:
Name:	Relationship:	Phone:	Alt. Phone:

**REQUIRED: Earthquake Emergency Out-of-State Contact:**

Although we hope never to experience another major earthquake, we must be prepared. Local phone services may be disrupted, while out-of-state calls may be possible. We require that every family establish an out-of-state contact to act as a message center for your family in the event of a major earthquake.

**REQUIRED:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Contact Contact Telephone Number

**PART 2:**

**RELIGIOUS SCHOOL K-6 REGISTRATION (Please list youngest enrolling child first) Sunday 9-11, Tuesday 4-6**

Child Information	Preferred Learning Day	Grade Enrolling in September 2011	Tuition (circle one)
CHILD 1 Name: Child 1 Gender: M F Birthdate: / / Secular School in 2011-'12: Student cell phone: Student e-mail:	Judaica: <input type="checkbox"/> Sun <input type="checkbox"/> Tues <input type="checkbox"/> Either Hebrew PODS (Grades 4-6): <i>Fill out Part 3 below</i>	<input type="checkbox"/> Kindergarten (graduate of Kol Tikvah ECC in 2010-11)..... <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade..... <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade (Sun only).....	\$325 \$650 \$1000
CHILD 2 Name: Child 2 Gender: M F Birthdate: / / Secular School in 2011-'12: Student cell phone: Student e-mail:	Judaica: <input type="checkbox"/> Sun <input type="checkbox"/> Tues <input type="checkbox"/> Either Hebrew PODS (Grades 4-6): <i>Fill out Part 3 below</i>	<input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade..... <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade (Sun only)....	\$650 \$1000
CHILD 3 Name: Child 3 Gender: M F Birthdate: / / Secular School in 2011-'12: Student cell phone: Student e-mail:	Judaica: <input type="checkbox"/> Sun <input type="checkbox"/> Tues <input type="checkbox"/> Either Hebrew PODS (Grades 4-6): <i>Fill out Part 3 below</i>	<input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade..... <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade (Sun only)....	\$650 \$1000
<b>TOTAL RELIGIOUS SCHOOL TUITION DUE:</b>			<b>\$ _____</b>

**PART 3:**

**HEBREW PODS (Required for 4<sup>th</sup>-6<sup>th</sup> Grade Students)**

(Please list youngest enrolling child first)

Name	(List 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> Choices)
CHILD 1 Name:	(availability of session times is based on enrollment) <input type="checkbox"/> Sun, 11:15-12:15 <input type="checkbox"/> Wed, 4-5 pm <input type="checkbox"/> Thurs, 4-5 pm
CHILD 2 Name:	(availability of session times is based on enrollment) <input type="checkbox"/> Sun, 11:15-12:15 <input type="checkbox"/> Wed, 4-5 pm <input type="checkbox"/> Thurs, 4-5 pm
<b>TOTAL HEBREW PODS (4<sup>TH</sup>-6<sup>TH</sup> GRADES) TUITION DUE:</b>	
<b>\$ (Included above) .</b>	

**PART 4:**

**TEEN TUESDAY (7<sup>th</sup> thru 12<sup>th</sup> Grade) 6:00-8:00 pm weekly for 7<sup>th</sup>-9<sup>th</sup> grade and every other week for 10<sup>th</sup>-12<sup>th</sup> grade (Confirmation)**

(Please list youngest enrolling child first)

Child Information	Grade Enrolling in September, 2011	Tuition (circle one)
CHILD Name: Child Gender: M F Child cell phone: Child e-mail:	Birthdate: / / Secular School in 2011-'12:	<input type="checkbox"/> 7 <sup>th</sup> Grade – Teen Tuesday..... <input type="checkbox"/> 8 <sup>th</sup> -9 <sup>th</sup> Grade - Teen Tuesday..... <input type="checkbox"/> 10 <sup>th</sup> -12 <sup>th</sup> Grades - Teen Tuesday/Confirmation.....
CHILD Name: Child Gender: M F Child cell phone: Child e-mail:	Birthdate: / / Secular School in 2011-'12:	<input type="checkbox"/> 7 <sup>th</sup> Grade – Teen Tuesday..... <input type="checkbox"/> 8 <sup>th</sup> -9 <sup>th</sup> Grade – Teen Tuesday..... <input type="checkbox"/> 10 <sup>th</sup> -12 <sup>th</sup> Grades – Teen Tuesday/Confirmation .....
<b>TOTAL TEMPLE TEEN NIGHT (7<sup>TH</sup>-12<sup>TH</sup> GRADES) TUITION DUE:</b>		<b>\$ _____</b>

*CONTINUED ON BACK*

**PART 5:**

**MEDICAL AUTHORIZATION FORM**

(Please list youngest enrolling child first)

Name(s) of Student's physician or medical group: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_  
 Subscriber ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

CHILD 1 Name:	Does student have any <i>special medical needs or require any special medical attention</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:	Is student taking any <i>medications on a regular basis</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medications/Dosage:
CHILD 2 Name:	Does student have any <i>special medical needs or require any special medical attention</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:	Is student taking any <i>medications on a regular basis</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medications/Dosage:
CHILD 3 Name:	Does student have any <i>special medical needs or require any special medical attention</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:	Is student taking any <i>medications on a regular basis</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medications/Dosage:

**REQUIRED: Medical Authorization and Field Trip Approval**

In the event of an emergency or the sudden illness of my/our child(ren) occurring when I/we cannot be reached, I/we also give my/our consent for my/our child(ren) (*list names*) \_\_\_\_\_ to be treated by such emergency medical personnel, doctors and/or hospitals, as are selected by Temple Kol Tikvah. I/we understand that in the event of such emergency, Temple Kol Tikvah will make reasonable efforts to consult with the physician or medical group named above, but the nature of the emergency may require treatment be undertaken before such consultation is possible. In addition, I/we give my/our permission for Temple Kol Tikvah to take my aforementioned child(ren) on field trips, as scheduled by teachers or the Educational Staff.

**REQUIRED:** \_\_\_\_\_  
 Signature of Consenting Parent Date

**PART 6:**

**SPECIAL NEEDS UPDATE (Please list applicable children only)**

CHILD Name: Child Gender: M F	Does your child have any <i>Special Learning Issues</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does your child have an <i>IEP</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
CHILD Name: Child Gender: M F	Does your child have any <i>Special Learning Issues</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does your child have an <i>IEP</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:

**SPECIAL NEEDS UPDATE \$ No Fee**

**PART 7:**

**TUITION**

Tuition from Parts 2 & 3: K-6 Religious School and PODS.....\$ \_\_\_\_\_  
 Tuition from Part 4: Teen Tuesday.....\$ \_\_\_\_\_  
**TOTAL TUITION DUE:**.....\$

/We hereby agree to pay Temple Kol Tikvah in accordance with the agreement structured in the membership application form.  
 NO PAYMENTS ARE DUE PRIOR TO JULY 1, 2010.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**PART 8:**

**PHOTO AUTHORIZATION AND OTHER INFORMATION:**

- ◆ Temple Kol Tikvah may, throughout the year, take pictures of my family/child(ren) during Religious School and other synagogue-sponsored activities for use in promotional/public relations materials, synagogue publications, and/or on its website: [www.koltikvah.org](http://www.koltikvah.org). If you do NOT hereby give consent, please check box:.....
  - ◆ If you would NOT like your family's basic contact information to be included on your child(ren)'s class roster, please check box.....
  - ◆ If you would like to help enrich your child's Religious School experience by volunteering as a Room Parent or on the Education Committee, please tell us the name of the parent wishing to volunteer: \_\_\_\_\_.
  - ◆ MULTIPLE HOUSEHOLDS: If student(s) live(s) in multiple households, and you wish information to be sent to a second household as well, please include address of second household: \_\_\_\_\_.
- With whom does student primarily reside? \_\_\_\_\_.