



Sha'arei Shalom

HEBREW SCHOOL REGISTRATION FORM

School Year: 2014-15

STUDENT INFORMATION

First Name Middle Name Last Name

Hebrew Name Birth Date Hebrew School Grade Completed / Date

Age (Sept 2014) Public School Grade (Sept 2014)

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

First and Last Name

First and Last Name

Address

Address

Home Phone Cell Phone

Home Phone Cell Phone

Email

Email

Class	Class Structure	Member Rate*	Non-Member Rate
Preschool Program	1x per month, 1 hr class	\$50	\$50
Gan Yaladeem: Kindergarten	1x per month, 2 hr class	\$250	\$450
Kitah Alef: First Grade	2x per month, 2 hr class	\$450	\$800
Kitah Bet: Second Grade	Every Sunday, 2 hr class	\$770	\$1250
Kitah Gimel: Third Grade	2x per week, Learners Service	\$930	\$1400
Kitah Dalet: Fourth Grade	2x per week, Learners Service	\$930	N/A
Kitah Hey: Fifth Grade	2x per week, Learners Service	\$930	N/A
Kitah Vav: Sixth Grade	2x per week, Learners Service	\$930	N/A
Kitah Zion: Seventh Grade	1x per month, Learners Service	\$440	N/A

*Member Rates apply for members in good standing.

NOTES:

- Take 10% off lowest rate(s) for additional child(ren).
- Rates do not include purchase of Hebrew School books. Cost of books ranges from \$20-60 per student.
- Separate Registration Forms are needed for each child.
- Be sure to fill out Emergency Medical Form on back.
- Please note that you will be expected to provide Challah and Juice 1-2 times per year for the Sunday morning snack. Cost is approximately \$20.

TOTAL TUITION DUE: _____

DEPOSIT ENCLOSED: \$_____

- A \$100 per child, non-refundable deposit is due by June 1, 2014.
- 50% of the total tuition is due by July 15, 2014.
- Complete tuition payment is due by August 15, 2014.

Please mail the registration form and check to: Sha'arei Shalom, P.O. Box 454, Ashland, MA 01721.

If you have any questions please contact us at school@shaareishalom.org.

www.shaareishalom.org

EMERGENCY AND MEDICAL CONTACT INFORMATION

Child's Physician

Physicians Tel

Child's Allergies

Any Medical or Behavioral Issues you would like to tell us about

Emergency Contact if Parent is unavailable

Relationship to Child

Tel

Cell

Additional Tel

CARPOOL RELEASE

My child has permission to be driven home from Hebrew School by the following people:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

You may use my child's photograph in marketing materials for the Hebrew school and community. Please check one:

☐ Yes

☐ No

Parent/Guardian Signature

Date