

Last Name: _____



HEBREW SCHOOL REGISTRATION 2010-2011

Parent/Family Information

Mother: _____ Father: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

(Please note: any notifications will be sent via email, including schedule changes/cancellations)

Mother's Hebrew Name: _____ Father's Hebrew Name: _____

Are child's parents both born Jewish?? Mother Father

If not, has there been a conversion performed? Yes No

If you marked yes, was the Rabbi who performed the conversion
Orthodox Conservative Reform

Student Information

Name(s) of Student(s) To be enrolled	Hebrew Name	DOB	Grade in September 2010'
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact

_____	_____	_____
Contact #1	Relation to child	Phone Number
_____	_____	_____
Contact #1	Relation to child	Phone Number

Last Name: _____

Tuition And Deposit Information

Please initial one of the following tuition options:

Number of children enrolling: _____

Tuition Fees:
Aish Denver Partners: _____ \$550 + \$35 book fee = \$585 (includes \$100 non refundable deposit)
Non- Partners: _____ \$650 + \$35 book fee = \$685 (includes \$100 non refundable deposit)
Sub-total: \$ _____

_____ I am submitting the application for the early-bird deadline of June 21st and will receive a \$50 discount per child.

_____ I referred _____ new students to Shalom Hebrew School so I'm eligible for a \$50 discount per new student. Names of referred students _____.

_____ I am paying in full for _____ child(ren). I understand that each additional child after the first will receive a \$50 discount.

_____ I will give 4 post dated checks (or credit card on file) for the following dates _____.

Please complete the section above to outline the payment arrangements agreed upon. I understand that the director will contact me if the arrangements outlined differ from what she understood them to be.

TOTAL: _____ **Parent Signature:** _____

If you would like to pay by credit card please fill in the following or call the office with your credit card information, 303-220-7200.

Visa / MasterCard: _____ **Credit Card #:** _____

Exp. Date: _____ **Name as it appears on the credit card:** _____

How would you like the payment breakdown to occur? _____

FOR OFFICE USE ONLY		
Date Application Received: _____	Amount Paid \$ _____	Date of Payment _____
Total amount due: _____	Payment Type _____	Balance Due \$ _____
Notes:		

Last Name: _____

Conditions of Enrollment:

- 1. This form must be filled out in full and signed. A \$100 deposit is required per child with each application unless the application includes a payment for full tuition.**
2. Space in the program is limited. Applications are on a first come first serve basis.
3. Every step is taken to ensure the safety and health of each student. In the event of sickness or accident, Aish Denver cannot accept the liability.
4. In the event of an emergency and/or special medical treatment, parents will be notified immediately. If the parent or secondary contact cannot be reached, permission is hereby given to Aish Denver to take whatever steps necessary to ensure the safety and health of each student.
5. I agree to allow my child to participate in all activities unless I advise Aish Denver otherwise in writing.
6. I have read, understood, and agree to the above conditions of enrolment and confirm the truth and accuracy of all information provided in this application form.

Parent's Signature

Date

Parent Handbook Acknowledgment

I have read, understood and agree to the changes made in the parent handbook for the 2010-2011 academic year. I acknowledge the new policies that include: the behavior code, cell phone and video game code, and schedule change policy.

Parent's Signature

Date

Image and Interview Release

I hereby grant the Richard E. Rudolph Shalom Hebrew School and specifically Aish-Denver permission to use my child's likeness in a photograph or quotation in any and all of its publications, including website entries without payment or any other consideration.

I am 21 years of age and am competent to contract in my own name and/or on behalf of my child or minor over which I have legal guardianship. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: _____

Date: _____

Last Name: _____

SHALOM HEBREW SCHOOL

EMERGENCY MEDICAL RELEASE INFORMATION

I (we) hereby give consent to the Director of the Hebrew School, or person designated, to make available to my child _____ professional emergency medical care when such care is necessary.

It is understood that a conscientious effort will be made to notify my spouse or me before action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment.

However, in the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of Colorado.

This is to certify that my child is in good physical health. He/she has permission to participate in all activities that are part of the religious school program.

Parent's Signature

Date

Doctor _____

Doctor's Phone: _____

Allergy/Comment _____

Hearing Problem: _____

Vision Problem: _____

Asthma: _____

Other: _____

Does your child take any medication? If so, please list

Medications: _____

Is there any medical concern that Shalom School needs to know about?

Last Name: _____

SHALOM HEBREW SCHOOL

PARENT QUESTIONNAIRE

Student's Name: _____

Age: _____ **Grade:** _____

Date of Birth: _____

School: _____

Parent(s) name: _____

Phone Number: _____

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How would you describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are his/her academic strengths? (What does he/she like to learn? What are his/her favorite subjects?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extra curricular activities does he/she like to do? What are his/her interests?

\_\_\_\_\_  
\_\_\_\_\_

What should we know about your child to effectively teach him/her? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you think your child learns better through: Hearing  Seeing  Experimenting ?

Has your child had any special education classes? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child in Hebrew School? (Reading Hebrew, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_