

2017-2018 North Country Reform Temple MIT School Registration Form

		Parent/Guardian 1	Parent/Guardian 2
	First & Last Name		
	Hebrew Name	<i>transliteration please</i>	<i>transliteration please</i>
	Street Address City, State, Zip		
	Home Phone		
	Cell Phone		
	Work Phone		
	Email address		

		Child 1	Child 2	Child 3	Child 4
<i>Family Name</i>	English Name				
	Nickname				
	Hebrew Name	<i>transliteration please</i>	<i>transliteration please</i>	<i>transliteration please</i>	<i>transliteration please</i>
	Gender	M / F	M / F	M / F	M / F
	Birthdate				
	School				
	Grade Level 2017/2018				
	Child Cell Phone				

Pre-K-1st	8 Times throughout the Year - Sun	\$175	\$175	\$175	\$175
2-3rd Grade	Sunday 9am-11am	\$650	\$650	\$650	\$650
4-6th Grade	Sunday 9am-11am Tuesday 4:30-6:30	\$900	\$900	\$900	\$900
7th Grade	Sunday 10am-1pm 6 Scheduled Tuesdays 4:30-6:30	\$900	\$900	\$900	\$900
8-10th Grade	Sunday 11am-1pm	\$700	\$700	\$700	\$700
Post Con	8 Times throughout the Year	\$175	\$175	\$175	\$175

Total				
***A deposit of half the amount of tuition is due at time of registration. ***All fees are due prior to the start of classes in Sept.			Total Tuition (All Children) \$ _____ PTA Dues/ Family \$15 Total Due: \$ _____	

I, _____, agree to pay all required fees and charges prior to the start of the 2017/2018 Hebrew School year.

Signature: _____ Date: _____

Method of Payment			
<i>Please make checks payable to: North Country Reform Temple or provide your credit card information below.</i>			
Visa/Mastercard Signature _____	Number <i>enter card number here</i>	Expiration _____	CCV _____
American Express Signature _____	<i>enter card number here</i>		

Office Use	Date Received: _____				
Dep _____	Paid _____	Date _____	/Bal _____	Paid _____	Date _____
		/PTA _____	Din _____		

Please list any medical conditions or special circumstances that the Hebrew School should be aware of (asthma, allergies, food allergies, medications etc.)

Child 1:	
Child 2:	
Child 3:	
Child 4:	

Does your son/daughter receive additional support of educational services at school? If so please explain below. (Provide any information that the STAFF should know in order to enhance your son/daughter's educational experience)

Child 1:	
Child 2:	
Child 3:	
Child 4:	

Volunteer Opportunities

The success of the our School and its programs is dependant upon volunteers. Please check all that apply.

- I would like to volunteer as a _____ grade class parent.
- I would like to serve as a member of the Education Committee. (Meets several times a year)
- I would like to help out with MIT School Programs throught the year. (ie Chanukah, Purim etc.)
- Other
Please Explain: _____

Please provide an emergency contact & Relation to family: _____
 Name _____ Phone _____

Consent and Releases

I, _____ the legal parent or guardian of the child(ren) named on this registration form do hereby give authorization for professional medical personnel to provide emergency medical treatment in the event we cannot reach you.

Signature: _____ Date: _____

I, _____ give permission to NCRT -Ner Tamid to use any pictures taken of my child(ren) during M.I.T. or Temple Events for the Temple Bulletin, website, articles and or in Temple advertisements.

Signature: _____ Date: _____