

2019-2020 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 2019/2020				
	Child Cell Phone				

Pre-K-1st	8 Times throughout the Year - Sun	\$175	\$175	\$175	\$175
2-3rd Grade	Sunday 9:30-11:30am	\$650	\$650	\$650	\$650
6-7th Grade	Tuesday 4:30-6:30 pm	\$650	\$650	\$650	\$650
8-9th Grade	1 Sunday a month 10:30-12:30 pm	\$200	\$200	\$200	\$200
Post Con	8 Times throughout the Year	\$175	\$175	\$175	\$175

Total					Total Tuition (All Children) \$ _____ PTA Dues/ Family \$15 Total Due: \$ _____
***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.					

I, _____, agree to pay all required fees and charges prior to the start of the 2018/2019 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>			
	Number	Expiration	CCV
Visa/Mastercard Signature _____	_____ <i>enter card number here</i>		
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: _____