

Park Synagogue's Wolf Religious School

Enrollment Data 2019-2020

(216) 371-2244, ext. 124 • jbresnahan@parksyn.org

Please print clearly.

Parent 1	Address:	Cell Phone:	Email:
Parent 2	Address (if different):	Cell Phone:	Email:

Student Name:	Birthday:	Grade Sept. 2019:	Secular School:	Student Cell Phone: (if applicable)	Student email: (if applicable)	Name of Camp Attended Summer 2019:

- ☐ Will participate in All Star Thursday (Grade 2-6) Name(s): _____
- ☐ Will participate in Madrich(a) Program (Grade 8-12) Name(s): _____
- ☐ Will participate in Klezmer Band (Grade 7-12) Name(s): _____
- ☐ Will participate in 1st Grade Consecration Name(s): _____

IMPORTANT NOTE: We occasionally submit pictures of our activities for publication and/or post them on our website or Facebook pages. As a matter of policy, we DO NOT identify children by name. If you would like to opt out please check the box below.

- ☐ I do not grant permission to the publication of my child on Park Synagogue's social media accounts (i.e. web & Facebook pages)

Emergency Medical Authorization

Please complete this section in its entirety.

This page should be emailed or a hard copy delivered to the Education Department

Child's Name (First & Last): _____

Family Physician's Name: _____ Phone #: _____

Family Dentist's Name: _____ Phone #: _____

Emergency Contact:

Parent Contact: _____ Phone #: _____

Non-Parent Contact: _____ Relationship: _____ Phone #: _____

I/We _____ hereby grant permission to _____ Hospital and the emergency room physician to administer any emergency treatment deemed necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

_____ (person to contact if unable to reach parents) has the authority to give additional instructions and consent if parent(s) cannot be reached.

Child's Medical History

Allergies (if any): _____

Medication being taken: _____

Chronic illnesses or conditions: _____

Learning Challenges

Attention, cognitive, communicative, emotional, visual and/or auditory challenges that might affect your child's experience. It helps us to know about special services s/he may receive. Applicable excerpts from IEP's and 504 plans appreciated. Please use the space below.

[] Please contact me personally to discuss my child's medical history and/or learning challenges.

Signature of Parent or Guardian

Date

Tuition and Fees for All Park Synagogue Families

We are fortunate that the cost of educating each child is subsidized through allocations from Park Synagogue funds, angels, and dues, and is supported by the Jewish Future of the Jewish Federation of Cleveland and from grants from the Jewish Education Center of Cleveland.

Parents' names (First & Last): _____

Education Fees		<u># of children</u>	<u>Cost</u>
Sunday 1 - 2 year olds + VIP		_____	\$ <u>-0-</u>
Sunday PRE-K (3 & 4 yrs. Old)		_____	\$ <u>-0-</u>
Sunday Primary KDG, 1 st & 2 nd Grade	\$350 per child	_____	\$ _____
1 st Grade Consecration Fee	\$75 per child	_____	\$ _____
3 rd through 6 th Grade	\$450 per child	_____	\$ _____
7th through 9th Grade	\$200 per child	_____	\$ _____
10th Grade	\$325 per child	_____	\$ _____
\$165 Confirmation fee billed under a separate cover			
11th & 12th Grade	\$75 per child	_____	\$ _____

My registration check is enclosed in the amount of \$ _____

Make all checks payable to Park Synagogue. This non-refundable fee is applied to the cost of educating each child.

Please Note: All Madrichim must be enrolled and attend the Park Synagogue Wolf Religious School.

If you cannot pay in full at this time, please contact Teri in the Education Department.

Credit Card # _____/_____/_____/_____

Expiration Date: ____/____

Type of Charge: ☐ MC ☐ VISA ☐ DISC ☐ AmEx

Date: ____/____/____

Add 3% for Credit Card Convenience Fee. \$ _____

Fee Total \$ _____

Signature:

PARK SYNAGOGUE
Madrich(a) Candidate: 2019-2020

Name: _____ Grade: _____

Address: _____

Home Phone: _____ Student Cell (required): _____

School: _____ E-mail (required): _____

T-shirt size: Adult _____

New Madrichim Only

Nomination for Madrich(a) Position

Nominating Adult (This may be a secular teacher or administrator, work supervisor, or parent) _____

Phone of parent or nominating adult _____

Email of parent or nominating adult _____

Why do you want to be a madrich(a)?

Special Skills, Hobbies

Experience / Volunteer / Work (if applicable)

Please include: 1. year of volunteer work/work, 2. reference name and phone #, 3. Job description.

Extracurricular (seasonal) Activities (including youth groups)

_____ *I have included and completed my registration forms.*

Student Signature _____

Parent Signature _____