

CONGREGATION AGUDAS ACHIM RELIGIOUS SCHOOL

Student Registration for 5776/2015-2016

Date Received:

Student #1 Name: _____ **Birth Date:** _____

Grade in Secular School as of Aug. 2015: _____; Secular School: _____

Student #2 Name: _____ **Birth Date:** _____

Grade in Secular School as of Aug. 2015 _____; Secular School: _____

Student #3 Name: _____ **Birth Date:** _____

Grade in Secular School as of Aug. 2015 _____; Secular School: _____

Student #4 Name: _____ **Birth Date:** _____

Grade in Secular School as of Aug. 2015: _____; Secular School: _____

→ **Parent 1:** _____ **Main Email Address:** _____

Home Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

→ **Parent 2:** _____ **Email Address:** _____

Home Address: _____ City: _____ Zip: _____ Da

If divorced, do you wish mailings to go to both parents? _____yes _____no

Student 1 Student 2 Student 3 Student 4

Name(s) _____

Pre-K \$250
2nd and 4th Sundays 9--11:30am

Kinder, 1st, 2nd \$600
Sundays 9:00am--12:30pm

Grades 3, 4, 5, 6, 7
\$800
Sundays 9:00am--12:30pm
and Tuesdays 4:30--6:30pm

Grades 8 \$500
Sundays 9--10:30am

Grade 9-10 \$500
Sundays 11am--12:30pm

Grade 11-12 \$250
Led by Rabbi Blumofe
Sundays 11:30am--12:30pm

Grades 6-7 (AJA Student option)
\$250
Electives only –Sundays 11:00am--12:30pm

Tuition Totals per child \$ _____ \$ _____ \$ _____ \$ _____

SPECIAL INFORMATION AND REQUESTS

Please list any learning difficulties, medical conditions, allergies or information we should be aware of regarding your child. All information will be kept strictly confidential. Attach an extra sheet, if necessary.

Child: _____ Grade _____

Food/Medicine Allergies: _____

Does child take medicines for ADD/ADHD? _____ Please give medicines before Sunday School.

Learning Challenges or Idiosyncrasies:

Child: _____ Grade _____

Food/Medicine Allergies: _____

Does child take medicines for ADD/ADHD? _____ Please give medicines before Sunday School.

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Child: _____ Grade _____

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Child: _____ Grade _____

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Does child take medicines for ADD/ADHD? _____ Please give medicines before Sunday School.

Learning Challenges or Idiosyncrasies:

Photo/Video Release: CAARS often uses images of students (with and without names) in synagogue and local newsletter communications, either in print or on the internet. If you do **not** want your child(ren)'s image to be disseminated, please indicate so below. CAARS will by default assume that it has permission to use your child(ren)'s image unless it receives your express request otherwise.

I, _____, do **not** give permission for images of my child(ren),
_____, to be used in CAARS print and on-line publications.