



**REGISTRATION
2011-2012 * 5772**



RETURN YOUR COMPLETED FORM WITH PAYMENT TO YOUR CONGREGATION BY AUG. 22ND

TUITION:

- Grade: Kindergarten ___ Free
Sundays, 9:30 AM-12:30 PM
- Grade: 1 ___ Member \$365 (full or 5 equal payments - \$73/mo Sept-Jan)
Sundays, 9:30 AM-12:30 PM ___ Non-member \$500 (full or 5 equal payments - \$100/mo Sept-Jan)
- Grades 2-7 ___ Member \$525 (full or 5 equal payments - \$105/mo Sept-Jan)
Sundays, 9:30 AM-12:30 PM ___ Non-member \$725 (full or 5 equal payments - \$145/mo Sept-Jan)
Wednesdays, 4:00-6:00 PM
- Grade: 8 ___ Member \$365 (full or 5 equal payments - \$73/mo Sept-Jan)
Sundays, 9:30 AM-12:30 PM ___ Non-member \$500 (full or 5 equal payments - \$100/mo Sept-Jan)

Please PRINT CLEARLY.

1. Student(s) Information:

<u>Name</u>	<u>Hebrew Name</u>	<u>D.O.B.</u>	<u>Grade</u>	<u>Amt. Due</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
\$25 Kadima Dues (6th-8th Grade Youth Group)				\$ _____

REDUCED RATE AVAILABLE FOR EACH ADDITIONAL ENROLLED SIBLING (-\$25) -\$ _____

TOTAL \$ _____

Family Synagogue Affiliation _____

Does the student(s) have Special Needs? _____ An I.E.P? _____

Allergies or Medications? _____

Other relevant information _____

2. **Parent Information:** Students live with (check one): Both Parents Mother Father

Parent/Guardian 1 Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

Parent/Guardian 2 Name: : _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

3. **Emergency Contact:** Name _____ Relationship _____ Phone _____

4. **Payment Information:** (Your application is not complete without this information)

Make checks payable to your synagogue: Congregation Ohav Shalom OR Temple Israel

OPTION 1: PAYMENT IN FULL BY AUGUST 22, 2011

Check # _____

Credit Card: MC / VISA (circle one) # _____ Exp. ___/___ Sec. Code # _____

Name exactly as it appears on credit card _____

Billing address _____

OPTION 2: 5 PAYMENTS (dated August 22, 2011 through January 9, 2012)

5 Monthly postdated checks @ \$ _____ each = TOTAL \$ _____ (checks must be enclosed) OR

5 Monthly credit card payments @ \$ _____ each = TOTAL \$ _____

MC/ VISA (circle one) # _____ Exp. ___/___ Sec. Code # _____

Name exactly as it appears on credit card _____

Billing address _____

Education subsidies may be available for those in need. Please contact your respective congregation for more information.

FULL TUITION MUST BE PAID BY JANUARY 9, 2012

Mail payment to your congregation:

Congregation Ohav Shalom 113 New Krumkill Road Albany, New York 12208 (518) 489-4894, ext 16

Temple Israel 600 New Scotland Avenue Albany, New York 12208 (518) 438-7858, ext 127

Both Congregations affiliated with the United Synagogue of America and the Jewish Theological Seminary of America

For Office Use ONLY

Billing Code _____ If multiple children, copy made for each Date _____ Initial _____

Total Amount Due _____ Given to Education Office Date _____ Initial _____

Reg. Fees Received Date _____ Initial _____ Placed in Education binder (Main Office) Date _____ Initial _____

Reg. Accepted Date _____ Initial _____ Notes _____ Rev. 7/5/11