



CONGREGATION SHIRAT SHALOM RELIGIOUS SCHOOL

Parent Information

(Fill out this page if NOT registering online OR need a payment plan)



SHIRAT SHALOM RELIGIOUS SCHOOL

P. O. Box 971142, Boca Raton, FL 33497-1142

Phone: 561.488.8079 Email: Shiratshal@aol.com

FAMILY MEMBERSHIP

Annual family dues of \$300.00 must be included with registration Includes High Holy Day Tickets

RELIGIOUS SCHOOL

Table with 3 columns: Registration - Mar. 15th - May 31st 2021, June 1st - July 31st 2021, August 1st - Aug. 31st 2021

Table with 4 columns: Grades, Tuition, June 1st - July 31st 2021, August 1st - Aug. 31st 2021

Student(s) Name/Grade, Amount due: Membership & HH Days: \$ 300.00, Yearly Tuition: \$, Processing Fee Per Child if Choosing Payment Plan +\$40.00, Total: \$

Paid by Check # In the amount of \$

Please make check payable to: Congregation Shirat Shalom, PO Box 971142, Boca Raton, FL 33497-1142

Charge tuition to my... [ ] Master Card [ ] Visa [ ] Discover

Card # Code#, Exp. Date

Signature-

I agree to pay the above balance by the aforementioned dates and acknowledge that NO REFUNDS will be paid after August 31st 2021. Refunds prior to August 31st, 2021 will be issued less \$75.00 administrative fee.

Signature Required:

Parent signature Date

Print parent's name

Your membership is 100% Tax Deductible

Fl. Registration # SC-12516

**(Fill out only if NOT registering online)**

CONGREGATION SHIRAT SHALOM  
RELIGIOUS SCHOOL REGISTRATION

Student Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Student Hebrew Name: \_\_\_\_\_

Parent Name \_\_\_\_\_ Title \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Title \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of development: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile/Texting: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**(We communicate with you through monthly email & newsletter– thank you for filling in email address)**

Student's Age \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

School (as of Sept. 2021): \_\_\_\_\_ Grade: \_\_\_\_\_

**(For student new to school):** Years and place of Religious Training:

Hebrew \_\_\_\_\_ Judaica \_\_\_\_\_ Attended: \_\_\_\_\_

**Important medical information:** \_\_\_\_\_

Please issue High Holy Day tickets.

Names/Birthdays of student's siblings *not* enrolled in Shirat Shalom Religious School:

\_\_\_\_\_

**Parent Information:** Please check below: (indicate which parent [M] for **mom** [D] for **dad**)

Read Hebrew:  mom  dad

**Volunteer:**  Ushering: \_\_\_\_\_  Religious School: \_\_\_\_\_  Social Activities: \_\_\_\_\_

Office/computer: \_\_\_\_\_  Telephone Squad: \_\_\_\_\_  Room Parent: \_\_\_\_\_

Parent Hall Monitor during Religious School:  Regularly \_\_\_\_\_  Occasionally: \_\_\_\_\_

Parent profession: (Mom): \_\_\_\_\_

(Dad): \_\_\_\_\_

**(Fill out only if student is new this year)**

**NEW STUDENT PHOTO RELEASE**

Dear Parents:

Students of Shirat Shalom Religious School may be photographed/videoed from time to time.

These photographs/videos may be taken:

- During school activities with their fellow students for group photo
- Sharing time with the Rabbi, Cantor or teachers
- During talks with special invited guests such as Holocaust Survivors
- Congregation Services and Events
- Other school related events and activities

These photographs/videos may be used in displays at the JCC, School Open House, monthly News Letter, on the Shirat Shalom and Infinite Child web sites, Face Book, Youtube and other related media showing the work and experiences of the children.

Please fill in the information below, sign and return to Shirat Shalom Religious School with your child.

Thank you for your understanding and cooperation!

Shalom,  
*Rabbi David*  
Rabbi David Degani

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 Congregation Shirat Shalom **HAS** permission to photograph my child. \*

Congregation Shirat Shalom **DOES NOT HAVE** permission to photograph my child.

Student's full name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Unless you notify us otherwise, this will be in effect throughout your child(ren)'s years attending Religious School.