



CONGREGATION SHIRAT SHALOM RELIGIOUS SCHOOL

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

Phone: 561.488.8079 Email: Shiratshal@aol.com

Fill out only if Not registering online or need a payment plan

FAMILY MEMBERSHIP

Annual family dues of \$330.00 must be included with registration Includes High Holy Day Tickets

RELIGIOUS SCHOOL

Table with 2 columns: Grades, Tuition. Rows: K-2 (\$650.00), 3-7 (\$900.00), Confirmation (\$900.00)

Student(s) Name/Grade, Amount due: Membership & HH Days: \$ 330.00, Yearly Tuition: \$, Processing Fee Per Child if Choosing Payment Plan +\$40.00, Discount per family if paid by June 30 \$-60.00, 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 #

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 2022. Refunds prior to August 31st, 2022 will be issued less \$75.00 administrative fee.

Signature Required:

Parent signature Date

Print parent's name

(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 though monthly email & newsletter– thank you for filling in email address)

Student's Age _____ Student's Birthday: _____

School (as of Sept. 2022): _____ 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: _____

(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/video my child. *
- Congregation Shirat Shalom **DOES NOT HAVE** permission to photograph/video 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.