Rabbi Rick Schechter
Cantor Mariana Gindlin
Carolyn Moore-Mooso, RJE, Director

SCHOOL REGISTRATION FORM – 2010-2011

CHILD(REN)'S SURNAME: _____

Name of Mother: _____
Address: _____
City: _____ Zip Code: _____
Residence phone: _____ Cell Phone:_____ Bus. Phone: _____
(Include area code for all phone numbers)
E-mail address: _____ FAX: _____

Name of Father: _____

Address: _____
City: _____ Zip Code:_____
Residence phone:_____ Cell Phone: _____ Bus. Phone: _____
(Include area code for all phone numbers)
E-mail address: _____ FAX: _____

Student 1 e -mail: _____Student 2 e-mail:_____

Please list all the children you are enrolling at Temple Sinai:

List each child's name and information separately	Birth Date	School Grade / Name of School	How many years of Hebrew education has your child had / AND where?
Student 1			
Student 2			
Student 3			

(Registration form continues on page 2)

Registration form - Page 2

Name of parent responsible for the student(s) on the following days:

Sunday: _____ Monday:_____ Wednesday: _____

Describe any physical or learning issues or concerns which might affect your child's performance / participation at our school:

Name: _____ Problem: _____

_____

_____

Name:_____ Problem: _____

_____

_____

Name: _____ Problem: _____

_____

_____

If your child's school is on a year-round schedule, please list below the dates of vacation periods AND attach a copy of the schedule:

_____

_____

Describe any family arrangement which might affect your child's (children's) attendance:

_____

_____

If you would prefer to discuss any of the above personally and confidentially with the Director of Education or the Rabbi, please indicate your wish for a call: **Yes**

Parent Signature: _____ Date Completed: _____

TEMPLE SINAI OF GLENDALE
1212 NORTH PACIFIC AVENUE · GLENDALE, CALIFORNIA 91202
TEL 818 246-8101 · FAX 818 246-9372 · WWW.TEMPLE-SINAI.NET

TUITION PAYMENT FORM 2010-2011

Family Name: _____

Address:_____

City _____Zip Code _____

Residence phone _____

****If you submitted an "early bird" registration and payment, received before the July deadline, you will be billed at last year's tuition rates (in parentheses) rather than at the increased 2010-2011 fees.**

Grade	First Child	Child Name	Amount	Additional Child	Child Name(s)	Amount
Kindergarten – Grade 3**	**$410.00** ($395.00)			**$365.00** ($355.00)		
Grades 4 – 7**	**$775.00** ($750.00)			**$725.00** ($700.00)		
Grade 7 - B'nai Mitzvah	**$695.00** ($675.00)			**$645.00** ($625.00)		
Grades 8 – 10 Metivta**	**$360.00** ($350.00)			**$320.00** $310.00)		
TOTAL			$0.00			$0.00

Mommy, Daddy, & Me	Member Fee	Child Name	Amount	Non-member Fee	Child Name	Amount
Sunday	**$170.00** ($165.00)			**$210.00** ($205.00)		
TOTAL			$0.00			$0.00

Final Total: $0.00 ◯ Paid in full: Check sent to TSG office ◯ Pay in full by credit card ◯ Quarterly Payments*

You may reduce your check amount or we will reduce the charge amount by the amount of your "early bird" payment.

* We will divide by four and charge the payment every third month, beginning with the first month this form is received.

Credit Card (Check One): ◯ Master Card ◯ Visa ◯ American Express ◯ Discover

To continue using credit card already on file at Temple Sinai, please check here ☐

Name on Credit Card: _____

Complete Billing Address of Credit Card (if different from above):
Address: _____ **City & Zip Code:** _____

Number_____* **Expiration Date** _____

Signature authorizing use of credit card: _____

***New credit card information provided here will be deleted from school files after it is provided to bookkeeper.**

TEMPLE SINAI OF GLENDALE
1212 NORTH PACIFIC AVENUE · GLENDALE, CALIFORNIA 91202
TEL 818 246-8101 · FAX 818 246-9372 · WWW.TEMPLE-SINAI.NET

TEMPLE SINAI OF GLENDALE

Behavior Contract - Signature Page

KEEP THE POLICY PAGES of the contract for your reference, but return this completed signature page to the Robert Seiden School at Temple Sinai of Glendale

I have read (or my parents have read and reviewed with me) the Student Behavior Contract and Harrassment Policy for the Robert Seiden School of Jewish Studies, as well as the list of additional policies for the school relating to other issues. I understand and agree to follow all rules and policies of Temple Sinai and its School, including all posted signs on the Temple premises.

Student 1 Printed Name | Student Signature | Date

Student 2 Printed Name | Student Signature | Date

Student 3 Printed Name | Student Signature | Date

Student 4 Printed Name | Student Signature | Date

I have read and understood the Student Behavior Contract and Harassment Policy for the Robert Seiden School of Jewish Studies, as well as the list of additional policies for the school relating to other issues. I have reviewed these with my child(ren) and will ensure that they follow all rules and policies of Temple Sinai and its School, including all posted signs on the Temple premises.

Parent Printed Name | Parent Signature | Date

PARENT VOLUNTEER FORM 2010-2011

Our students' Jewish education can be greatly enriched by hands-on activities like art projects and cooking and by field trips and special events in the larger Jewish community. Learning from community members who have special knowledge or experiences to share enhances our education program and provides insights to students from a variety of perspectives. Additionally, classroom, faculty and school communications improve when parents are involved in the coordination of special events, holiday celebrations, weekly snacks and grade specific activities.

In all these areas, parent volunteers can help! Please review the list below and mark areas in which you can participate.

To achieve efficient and effective class communication, it is CRITICAL to have ONE OR TWO PARENTS serve as parent coordinators for each class.

Name: _____ Phone Number: _____

Parent e-mail:_____

Student 1: _____ Grade: _____

Student 2: _____ Grade: _____

Student 3: _____ Grade: _____

DURING THE YEAR I WOULD BE WILLING TO:

Volunteer Opportunities **Please check all areas in which you are able to assist during the school year**			
	☐		**Parent Coordinator By myself Working with another parent**
	☐		Cooking, art or other class projects needing adult supervision and assistance
	☐		Purim Carnival set up
	☐		Purim Carnival Booth or Prize Room assistance
	☐		Purim Carnival tear down
	☐		Model Seder preparation and set up
	☐		Model Seder supervision and participation
	☐		Model Seder clean up
	☐		Speaking to the class / school about _____
	☐		Field trip driver
	☐		Substitute teacher
	☐		Filing, typing, school mailings
	☐		Host a class Shabbat dinner in my home
	☐		Other:

TEMPLE SINAI OF GLENDALE
1212 NORTH PACIFIC AVENUE · GLENDALE, CALIFORNIA 91202
TEL 818 246-8101 · FAX 818 246-9372 · WWW.TEMPLE-SINAI.NET

2010-2011 TRANSPORTATION ASSISTANCE FORM

INSTRUCTIONS:

Please print clearly. Identify ALL phone numbers for the times your child (ren) will be at the Temple Sinai School.

Family Name: _____

Sunday Morning Phone Number: _____

Monday Afternoon Phone Number: _____

Wednesday Afternoon Phone Number: _____

Student 1: _____ Grade: _____

Student 2: _____ Grade: _____

Student 3: _____ Grade: _____

Please read carefully and check ALL APPLICABLE:

☐ My child(ren) are in a carpool **WITH AN OPEN SPOT.**

List carpool families: _____

☐ My child(ren) are in a **FULL** carpool.

List carpool families: _____

☐ My child(ren) will attend **Sunday morning** and I need help in finding a carpool or another transportation arrangement.

☐ My child(ren) will attend **Monday afternoon** and I need help in finding a carpool or another transportation arrangement.

☐ My child(ren) will attend **Wednesday afternoon** and I need help in finding a carpool or another transportation arrangement.

How many child (ren) will attend on:

Sunday morning? _____ Monday afternoon? _____ Wednesday afternoon? _____

Can you arrange your schedule to provide transportation TO or FROM school on **ANY** class day?
(CK22ăŜ one) ◯ YES ◯ NO

If YES, which day(s)? ☐ SUNDAY ☐ MONDAY ☐ WEDNESDAY

If yes, which way? ☐ BOTH ☐ TO SCHOOL ☐ FROM SCHOOL

Before school, which days? ☐ SUNDAY ☐ MONDAY ☐ WEDNESDAY

After school, which days? ☐ SUNDAY ☐ MONDAY ☐ WEDNESDAY

Student 1: _____ School Name and ZIP CODE: _____

Student 2: _____ School Name and ZIP CODE: _____

Student 3: _____ School Name and ZIP CODE: _____

What is the ZIP CODE of your residence? _____

How many passengers **with seat belts** (not including the driver) can ride in your vehicle? _____

TEMPLE SINAI OF GLENDALE
1212 NORTH PACIFIC AVENUE · GLENDALE, CALIFORNIA 91202
TEL 818 246-8101 · FAX 818 246-9372 · WWW.TEMPLE-SINAI.NET

Submit Form