

**2017 – 2018 RELIGIOUS SCHOOL TUITION & MEMBERSHIP DUES FORM**

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone #1 \_\_\_\_\_

Home Phone #2 \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_

Cell Phone #2 \_\_\_\_\_

Work Phone #1 \_\_\_\_\_

Work Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

List names & Grades of all children: \_\_\_\_\_

**CALCULATE YOUR TEMPLE DUES**

Age	Household Dues
Up to – 33	\$530
34 – 69	\$2,650
70 and over	\$1,200
New Member	\$1,400

Honor Categories

- Supporting Member add \$500
- Sustaining Member add \$1,500
- Benefactor add \$3,000 or more

**CALCULATE YOUR FAMILY'S TUITION**

Grade	Regular Fees	
K, 1, 2, 3	\$800	\$ _____
4, 5, 6	\$1,350	\$ _____
7	\$1,470	\$ _____
8, 9, 11	\$940	\$ _____
10	\$1,055	\$ _____
12	\$750	\$ _____
Snack Fee	Grades 4 <sup>th</sup> -7 <sup>th</sup>	\$80 \$ _____
Materials Fee		\$60 per child \$ _____

**Total (Dues + Honor Contribution) \$ \_\_\_\_\_**

**Total Tuition and Fees \$ \_\_\_\_\_**

**GRAND TOTAL (Dues, Honor, Tuition, Fees): \$ \_\_\_\_\_**

**PAYMENT**

I/We will be paying the following installments (please check one and fill in payment amount):

- One-payment plan \$ \_\_\_\_\_ 100% due July 1, 2017 (Early Bird due **May 31**)
- Two-payment plan \$ \_\_\_\_\_ 50% due July 1, 2017 (Early Bird due **May 31**) & 50% due January 1, 2018
- Four-payment plan \$ \_\_\_\_\_ 25% due July 1, 2017 (Early Bird due **May 31**); October 1, 2017; January 1, 2018; April 1, 2018

*In order to make payments under the installment plan, The SMS requires automatic credit card payments.*

\_\_Master Card \_\_Visa Card Number: \_\_\_\_\_ EXP Date: \_\_\_\_\_ CVV (3digit) \_\_\_\_\_

Cardholder's name as it appears on the card: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

I authorize payments to be made according to the schedule above, and authorize The Santa Monica Synagogue to continue to charge the above credit card for the same periodic amounts agreed to be paid in this membership year until; (1) I have sent The SMS written notification of membership termination prior to the start of the next fiscal year; or (2) I have made alternate arrangements with The SMS Financial Committee, or; (3) I have sent in completed membership forms prior to the start of the next fiscal year electing a different payment schedule.

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

- I would like to apply for financial assistance. Please have someone from the Financial Committee contact me.

**For Office use only: Initials \_\_\_\_\_ Date entered into QB: \_\_\_\_\_**

2017 – 2018 RELIGIOUS SCHOOL STUDENT ENROLLMENT AND MEDICAL/ EMERGENCY RELEASE FORM

Please fill out one of these forms for each student

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2017-18 Grade \_\_\_\_\_

School Child Attends \_\_\_\_\_ Student's Email \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

**MEDICAL/PERSONAL INFORMATION**

List any learning difficulties of which our school should be aware: \_\_\_\_\_

Please list any emotional/social challenges of which our school should be aware: \_\_\_\_\_

Please list any allergies, medications, special instructions, etc. \_\_\_\_\_

List any other circumstances or conditions of which our school should be aware: \_\_\_\_\_

Please have the Director of Education call me so I can discuss in more detail. Contact Name: \_\_\_\_\_

THE FOLLOWING PERSON (S), IN ADDITION TO THE PARENTS ON FILE, IS/ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL AND BE CONTACTED IN CASE OF EMERGENCY

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**PARENTAL CONSENT AND GENERAL RELEASE STATEMENT**

I give permission for my child to participate in all of The Santa Monica Synagogue's Religious School/Youth Group programs, activities and events and release The Santa Monica Synagogue and its representatives from all liability arising out of my child's participation in such activities.

The Santa Monica Synagogue has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in the care of The Santa Monica Synagogue.

I grant permission to The Santa Monica Synagogue to take photographs or videos of my child while my child is participating in The Santa Monica Synagogue activities, and for The Santa Monica Synagogue the right to edit, use, and reuse said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release The Santa Monica Synagogue from all claims, demands, and liabilities whatsoever in connection with the above.

Parent's signature(s) \_\_\_\_\_ Date \_\_\_\_\_