

**Kahal Joseph Congregation  
Norma & Sam Dabby Talmud Torah Program  
Student Registration 2011-2012**

Student Name: \_\_\_\_\_  
Date & Place of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Office Use Only

Hebrew Date of Birth: \_\_\_\_\_  
Bar/Bat Mitzvah Date: \_\_\_\_\_

**General Education**

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_  
School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

**Jewish Education**

School: \_\_\_\_\_ Year(s): \_\_\_\_\_  
School: \_\_\_\_\_ Year(s): \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Additional Information**

Sibling Name	Age	M / F
_____	_____	_____
_____	_____	_____

What are the primary Jewish experiences in your child's life? (e.g. grandparents, Friday Night dinners, synagogue attendance, High Holy Days, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Kahal Joseph Congregation  
Norma & Sam Dabby Talmud Torah Program  
Emergency Information Form**

**Emergency Contacts**

Whom should the school contact if the parents cannot be reached (local numbers only)?  
In the event of an emergency my child may be released to the following individuals:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail : \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail : \_\_\_\_\_

**Doctors & Insurance**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Claims Phone Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Medical Conditions**

Allergies: \_\_\_\_\_

Required Treatment(s) for Allergies: (epi pen, inhaler, etc.): \_\_\_\_\_

Behavioral Medications: \_\_\_\_\_

Diagnosed Learning Disabilities or Conditions: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Kahal Joseph Congregation  
Norma & Sam Dabby Talmud Torah Program  
Emergency Treatment Consent Form  
for**

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

School personnel, including physicians and nurses, are permitted to give EMERGENCY FIRST AID ONLY. In the event of an emergency, I hereby give permission to the school personnel to administer emergency first aid to my child.

YES \_\_\_\_\_

NO \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

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

If school officials believe it is necessary, paramedics will be contacted to render further treatment. In the event that you or your physician cannot be contacted immediately, do you give consent to the school officials in charge to use their best judgment in caring for your child?

YES \_\_\_\_\_

NO \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

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

**Kahal Joseph Congregation  
Norma & Sam Dabby Talmud Torah Program  
Payment Agreement 2011-2012  
for**

**Name of Parent(s):** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Tuesdays and Thursdays, 4 pm to 6 pm  
Tuition, Registration Fee, & Synagogue Membership Fee**

- 1) **Synagogue Membership Fee...** ..... \$ \_\_\_\_\_
- a. Family Membership, \$1050  
OR
  - b. Associate Membership, \$525  
*Available with proof of current paid membership at another synagogue.*
- 2) **Religious School Tuition...** ..... \$ \_\_\_\_\_
- Tuition is for 10 months from September 2011 to June 2012*
- a. First Child Tuition, \$150/month for 10 months  
OR
  - b. Additional Child Tuition \$100/month for 10 months
- 3) **Registration Fee...** ..... \$ \_\_\_\_\_
- a. Early Bird Registration Fee—\$100  
*For those registering before June 16, 2011*  
OR
  - b. Regular Registration Fee—\$100  
*For those registering after June 16, 2011*

**TOTAL FEES.....**\$ \_\_\_\_\_

*To secure Early Bird Registration requires a non-refundable deposit of \$100 per child that will be applied towards tuition.*

***For office use only***

***Name of Student:*** \_\_\_\_\_

***Total Fees for 2011-2012:*** \_\_\_\_\_

***Payment Method***

Please circle the one that applies:

One Single Payment      OR      Two Installments      OR      Monthly Installments

Method of Payment:

Check      OR      Credit Card

***Credit Card Information***

Visa                      MC                      American Express

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Code on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

***Tuition Payment Agreement***

I agree to pay the full year's tuition for my child, due on the first of each month, through June 2012.

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