

Family: \_\_\_\_\_

**Kahal Joseph Congregation Norma and Sam Dabby Talmud Torah  
New Student Registration 2019-2020**

**Parent Information:**

**Parent 1's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

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

Preferred Phone (circle one) Home Work Cell \_\_\_\_\_

Secondary Phone (circle one) Home Work Cell \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

**Parent 2's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Address (if different):** \_\_\_\_\_

Preferred Phone (circle one) Home Work Cell \_\_\_\_\_

Secondary Phone (circle one) Home Work Cell \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

Parents are (circle all that apply): Married Separated Divorced Remarried

Describe your child(ren's) primary Jewish experiences (Shabbat dinners, synagogue attendance, family observance, Israel travel, etc): \_\_\_\_\_

Siblings (Not Enrolling):

Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F

Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F

**Photo Release:**

\_\_\_ I GIVE permission for my child(ren) to be photographed or recorded while taking part in school activities, on or off school premises, and for any media taken to be published in any School or Synagogue online or print publications.

\_\_\_ I DO NOT give permission for my child(ren) to be photographed or recorded at school activities.

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

Family: \_\_\_\_\_

**Student #1:**

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grades: \_\_\_\_\_

Previous Jewish Education (schools & years): \_\_\_\_\_

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

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

I use an IEP at school: Yes No

I would like the Talmud Torah Director to contact me: Yes No

OFFICE USE:

Hebrew DOB: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

**Student #2:**

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grades: \_\_\_\_\_

Previous Jewish Education (schools & years): \_\_\_\_\_

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

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

I use an IEP at school: Yes No

I would like the Talmud Torah Director to contact me: Yes No

OFFICE USE:

Hebrew DOB: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

Family: \_\_\_\_\_

**Student #3:**

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grades: \_\_\_\_\_

Previous Jewish Education (schools & years): \_\_\_\_\_

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

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

I use an IEP at school: Yes No

I would like the Talmud Torah Director to contact me: Yes No

OFFICE USE:

Hebrew DOB: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

**Student #4:**

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grades: \_\_\_\_\_

Previous Jewish Education (schools & years): \_\_\_\_\_

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

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

I use an IEP at school: Yes No

I would like the Talmud Torah Director to contact me: Yes No

OFFICE USE:

Hebrew DOB: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

Family: \_\_\_\_\_

**Kahal Joseph Congregation Norma and Sam Dabby Talmud Torah  
Emergency Information Form 2019-2020**

**Emergency Contacts (if Parents cannot be reached):**

Name #1: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Primary Phone (circle one): Home Work Cell \_\_\_\_\_

Secondary Phone (circle one): Home Work Cell \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Primary Phone (circle one): Home Work Cell \_\_\_\_\_

Secondary Phone (circle one): Home Work Cell \_\_\_\_\_

**Doctors & Insurance:**

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

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

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

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

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claims Phone Number: \_\_\_\_\_

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

**Emergency Treatment Consent**

Student #1 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #2 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #3 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #4 \_\_\_\_\_ DOB: \_\_\_\_\_

In case of an accident or serious illness, I request that the Norma and Sam Dabby Talmud Torah contact me immediately. If the school is unable to reach me, I hereby authorize the Talmud Torah, or its authorized agent, to secure proper treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family: \_\_\_\_\_

## Kahal Joseph Congregation Norma and Sam Dabby Talmud Torah Tuition Form 2019-2020

**Registration MUST include a current payment agreement to be complete.**

Student #1 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #2 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #3 \_\_\_\_\_ DOB: \_\_\_\_\_

Student #4 \_\_\_\_\_ DOB: \_\_\_\_\_

### Yearly Tuition and Fees

Circle the appropriate level of tuition plus the materials fee.

There is a 10% tuition discount for siblings.

	<b>Member Tuition</b>	<b>Non- Member</b>	<b>Materials Fee</b>	<b>Subtotal</b>	
<b>Student #1</b>	\$600	\$1000	\$65		
<b>Student #2</b>	\$540	\$900	\$65		
<b>Student #3</b>	\$540	\$900	\$65		<b>Total</b>
<b>Student #4</b>	\$540	\$900	\$65		

\_\_\_\_ I would like to join Kahal Joseph as a member. Please contact me to arrange payment and fill out the required forms.

### Synagogue Membership

Membership of Kahal Joseph Congregation is encouraged but not generally required. **If you wish to have a bar or bat mitzvah at Kahal Joseph, two years of family membership are required.** Members also receive discounted tuition for Talmud Torah, tickets for High Holidays, discounted rates on space rentals and other benefits. New members must fill out the new members form, and payment is separate from Talmud Torah tuition and fees. To further discuss membership, talk to Rabbi Melhado in person or email him at [rabbimelhado@kahaljoseph.org](mailto:rabbimelhado@kahaljoseph.org). Welcome!

Family Membership	Single Membership	No Membership
\$1260	\$630	\$0

Family: \_\_\_\_\_

**Kahal Joseph Congregation Norma and Sam Dabby Talmud Torah  
Payment Agreement Form 2019-2020**

**Registration MUST include a current payment agreement to be complete.**

Student #1 \_\_\_\_\_ DOB: \_\_\_\_\_  
Student #2 \_\_\_\_\_ DOB: \_\_\_\_\_  
Student #3 \_\_\_\_\_ DOB: \_\_\_\_\_  
Student #4 \_\_\_\_\_ DOB: \_\_\_\_\_

All payment information is kept confidential.  
The materials fee is due at the time of registration.

**Payment Plans:**

- \_\_\_\_\_ Option 1 – Full payment now, via check or credit card
- \_\_\_\_\_ Option 2 – Two equal payments, by credit card or by post-dated check, on Aug. 1 and Jan. 1. The materials fee of \$65 per child is enclosed.
- \_\_\_\_\_ Option 3 – 3 equal payments, by credit car or by post-dated check, on Sept. 1, Dec. 1, and Mar. 1. The materials fee of \$65 per child is enclosed.
- \_\_\_\_\_ Option 4 – Six equal payments, by credit card or post-dated check, due 9/1, 10/1, 11/1, 12/1, 1/1 and 2/1. The materials fee of \$65 per child is enclosed.

**Tuition Total \$\_\_\_\_\_ / Number of payments \_\_\_\_ = Each payment \$\_\_\_\_\_**

Printed Name: \_\_\_\_\_

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

Method of Payment:                      POST-DATED CHECK                      CREDIT CARD

Credit Card information (if applicable):

            Visa                      Mastercard                      American Express                      Discover

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

Card #: \_\_\_\_\_ Code: \_\_\_\_\_

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

\_\_\_\_\_