

2018/19 Religious School Parent Registration Form

Since our community includes a variety of family structures, we are asking for information so that we can be more sensitive to the needs of our children. All disclosures will be held in confidence. We welcome comments and will be happy to assist your family in any way that we can.

Since it is beneficial to the children when both parents are involved in their religious education, we will send reports to both parents unless otherwise requested.

Contact Information

Parent #1: _____ Parent #2: _____

Parent #1 Phone: _____ Parent #2 Phone: _____

Parent #1 Email: _____ Parent #2 Email: _____

Address: _____ Home Phone: _____

City, State, Zip: _____

Parent #2 Address (if different): _____

City, State, Zip: _____

Student Classes – Check All That Apply

- Check here if you wish to discuss your child's learning style or special needs with the principal
- Check here if your student attended Agudas Achim Religious School during the previous year
- Check here if your student will be attending Hebrew School for the 2017-2018 school year
- Check here if your student will be attending Sunday School for the 2017-2018 school year
- Check here if you are willing to volunteer for one or two programs a year
- Check here if your family is a member of Agudas Achim

Fees and Dues

Members: Sunday School and Hebrew School tuition is \$450.00 a year for *each child*.

Non-Members: \$900.00 per year for *each child*.

The three-year-old class is \$60.00 per year for members and & \$80.00 for non-members.

In addition to tuition, there is a book fee of \$100.00 per year per child.

Please fill in these fees on your Fair Share forms that came in a separate mailing.

Any questions or concerns regarding tuition should be directed to Karen Brady.

Return this along with Student Form to:

Agudas Achim Religious School
401 East Oakdale Blvd.
Coralville, IA 52241

2018/19 Religious School Registration Form

Student Information

Student #1 Name: _____ Sex: _____ Age: _____

Date of Birth: _____ Mitzvah Date/Year: _____

Student's Hebrew Name: _____ Grade in 2018-2019: _____

Describe any **allergies** to food, common substances, or medications: _____

Student #2 Name: _____ Sex: _____ Age: _____

Date of Birth: _____ Mitzvah Date/Year: _____

Student's Hebrew Name: _____ Grade in 2018-2019: _____

Describe any **allergies** to food, common substances, or medications: _____

Student #3 Name: _____ Sex: _____ Age: _____

Date of Birth: _____ Mitzvah Date/Year: _____

Student's Hebrew Name: _____ Grade in 2018-2019: _____

Describe any **allergies** to food, common substances, or medications: _____

Emergency Contact (Other than parents)

Name: _____ Relation to student: _____

Phone: _____ Preferred Hospital: _____

Return this along with Parent Form to:
Agudas Achim Religious Education
401 E. Oakdale Blvd
Coralville, IA 52241