

Religious School Registration Form

If you were registered last year, you may fill out only any information that needs updating (i.e. child's age, grade, or anything else that has changed such as emails or phones.)

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 _____

Phone # _____ Phone # _____

Address _____ Address _____

City _____ St ____ Zip _____ City _____ St ____ Zip _____

Email _____ Email _____

Emergency Contact (Other than parents)

Name _____ relation to student _____

Phone# _____ Preferred Hospital ____Mercy ____UIHC

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

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- ___ Check here if you wish to discuss your child's learning style or special needs with the principal
 - ___ Check here if this student attend Agudas Achim Religious School during the previous year
 - ___ Check here if this student will be attending Hebrew School for the current school year
 - ___ Check here if this student will be attending Sunday School for the current 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.
Any questions or concerns regarding tuition should be directed to Karen Brady.

(Continued on back)

Student Information

TODAY'S DATE: _____

Student's Name _____

Student's Hebrew Name _____

Age _____ Date of Birth _____ __M __F

Address _____

City _____ Zip _____ Current Grade _____

Student's Name _____

Student's Hebrew Name _____

Age _____ Date of Birth _____ __M __F

Address _____

City _____ Zip _____ Current Grade _____

Student's Name _____

Student's Hebrew Name _____

Age _____ Date of Birth _____ __M __F

Address _____

City _____ Zip _____ Current Grade _____

Please return forms to:
Agudas Achim Religious School
401 East Oakdale Blvd.
Coralville, IA 52241