



Religious School at Heska Amuna
 Registration Form 2019-2020
 _____ Family Last Name

Parent Information

Parent 1	Parent 2
Name:	Name:
Email:	Email:
Primary Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Primary Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other
Parent's Religion	Parent's Religion
Parent's Occupation	Parent's Occupation
Address <input type="checkbox"/> Children's Primary Address	Address <input type="checkbox"/> Same as Parent 1 <input type="checkbox"/> Children's Primary Address

Emergency Contacts

Name:	Name:
Email:	Email:
Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other

In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts in case a parent is unreachable.

In case of emergency, do you give your permission to the Director of Education, Rabbi, Teacher or other appropriate person to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment? Yes No

Parent's Signature: _____ **Date** _____

Family Doctors/Dentist

Primary Doctor:	Primary Dentist
Phone:	Phone:
May we contact your child's doctor/dentist if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Family Profile

Your Family's Expectations and Goals

What particular programs would you, as parent(s), like your child (ren) to experience?

What would your child (ren) like to gain from their Hebrew School experience?

Parent Volunteer

Part of the program experience is making our School a kehillah kedosha, a holy community. We request that you sign up to participate in one or more of the following volunteer activities. There are opportunities that will fit all schedules!

Parent 1

Parent 2

I am interested in (please check all that apply):

- Being a Class Parent / School Volunteer in:
 ___ Art ___ Music ___ Cooking ___ Projects ___ Hebrew
- Tutoring or mentoring a student
- Substituting for teachers (lesson plan provided)
- Rotating with other parents for:
 ___ Sunday morning door supervision (9:30-12:30pm)
 ___ Wednesday afternoon door supervision (4-6:30pm)
- Helping with childcare program
- Creating bulletin board
- Helping with school family meals (Shabbat /Holiday)
- Setting up/Clearing up special programs and events
- School Fundraising (planning and coordinating)
- Updating Website and social media design
- Possibly serving on the Education Committee

Do you have any other hobbies, special interests, or skills you would like to contribute?

Other _____

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 ___ Art ___ Music ___ Cooking ___ Projects ___ Hebrew
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Tuition/Fee Schedule and Remittance Form

Child Name	Grade Level	Days Per Week	Member Fee	Non-Member Fee	Sub-Total
	B'Yachad 0-4 year olds	Sundays once a month 10-11:30	Free	Free	
			Free	Free	
	Gan Gadol Pre K to 1st	Sundays only 9:30-12:30	\$300	\$400	\$
			\$300	\$400	\$
	2nd-7thgrade	Sundays 9:30-12:30 Wednesday 4:00-6:30	\$400	\$500	\$
			\$400	\$500	\$
	Prozdor 8 th -12 th grade	Sundays 9:30-12:30	\$300	\$400	\$
			\$300	\$400	\$
				Subtotal	\$
	10% Discount for Multiple Children	Discount for tuition only	10% Discount Subtotal x .1 =		-
	B'Nai Mitzvah Tutor	Individual sessions scheduled with tutor	\$400		\$
	Activity fee	Per child	\$50 per child	\$75 per child	\$
			50 X ___ =	75 X ___ =	
Please consider donating to our Scholarship fund to allow those who cannot afford tuition to attend Amirim Program this year. Thank you so much.				School Scholarship Fund	\$
				Total	\$

Please make checks payable to Heska Amuna Synagogue.

Registration will be processed with *at least half* of the total payment paid or arrangements for payment completed. The remainder of the payment is due **12/16/19**.

For credit card payments, please contact Heska Amuna Office 865-522-0701.

If alternative payment arrangements are needed, please contact Jeff Jacobson, Financial Vice-Chair (financialvicechair@heskaamuna.org) to discuss arrangements.

Included in the Activity fee for each child are the cost of books, supplies, art materials, snack, Tot Shabbat, Kids Kabbalat and a myriad of programs throughout the year. **Note: Parents are responsible for the purchase of the Siddur for Consecration.**