



Religious School and Ma'ayan Application 2023-2024

Please complete and submit to the MKT office, or email to danielle@midbarkodesh.org

GRADE LEVEL	WEEKLY SCHEDULE	TUITION – MEMBER	TUITION – NON MEMBER
Kindergarten	Sundays Only (9:00-12:00) Annual Activity/Book Fee Total Tuition + Fees	--- \$100 \$100	
First and Second Grade	Sundays Only (9:00-12:00) Annual Activity/Book Fee "katan" club membership Total Tuition + Fees	\$725 included included \$725	\$860 \$100 Optional \$50 \$960/\$1,010
Third Grade through Sixth Grade	Sundays (9:00-12:00) Tuesdays (4:00-6:30) Annual Activity/Book Fee Kadima membership Total Tuition + Fees	\$1,250 included included \$1,250	\$1,550 \$100 Optional \$100 \$1,650/\$1,750
Seventh Grade B'Nei Mitzvah Year	Sundays or Saturdays (9:00-12:00) AND 9 months private B'nei Mitzvah Tutoring Every other Tuesday for Ma'ayan (6:30-8:00) <i>Ma'ayan is mandatory</i> Total Tuition + Fees	\$1,385 \$525 \$1,910	N/A N/A MKT membership required N/A

****Please keep this sheet for your records****

*Tuition exceptions are considered separately each year, upon receipt of exceptions application.
Each family is considered on an individual basis by a small and confidential committee.*

Religious School Parent Contact Information Form

PARENT/GUARDIAN INFORMATION

Parent 1 Contact Information

Name _____

Address _____

Home Phone _____

Cell _____

Email _____

Parent 2 Contact Information

Name _____

Address _____

Home Phone _____

Cell _____

Email _____

Is parent 1 Jewish? Yes No

Is parent 2 Jewish? Yes No

Are you a Midbar Kodesh Temple member? Yes No

Payment Information (for all students registered)

Method of Payment and Billing Policy:

CHECK ENCLOSED \$ _____ **CHECK #** _____

Paid In Full **Auto Monthly Billing** (See Billing Policy below)

CREDIT CARD: VISA MASTER CARD DISCOVER

Paid In Full **Auto Monthly Billing** (See Billing Policy below)

CARD HOLDER NAME: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____

EXPIRATION DATE: _____ **CVV** _____

Billing Policy: Tuition and fees may be paid either in one complete payment or in nine (9) monthly installments over the school year. Please provide current credit card information above. **If your payment has not been received by the 10th of the month due, Midbar Kodesh Temple will apply the payment to the credit card information on file, unless other arrangements have been made in advance with MKT. There is a 3% surcharge for all credit or debit card payments.**

FOR OFFICE USE ONLY:

Date Received: _____ Full Tuition for all students registered: \$ _____

Payment Received: _____ Check Credit Card Cash

Monthly Installments? Yes No If yes, amount per month: \$ _____

(Please fill out a separate form for each child registering.)

Student Name _____
Last First Middle

Hebrew Name _____ **Date of Birth** ____ / ____ / ____

Student Grade (as of Fall 2023) _____ **School Attending (as of Fall 2023)** _____

If the student's mother is not Jewish, has child been converted? Yes No

Rabbi/Location _____ **Conversion Date** _____

Annual Tuition/Fees Amount: \$ _____

Tuition exceptions are considered separately each year, upon receipt of exceptions application. Each family is considered on an individual basis by a small and confidential committee

Parental Consent and Release

I give my son/daughter permission to take part in Religious School and MKT Youth Program activities for the current programming year. As parent/legal guardian, I hereby release MKT and its staff of any and all liabilities incident to, and arising out of all MKT Religious School and youth programs. In addition, this release applies to incidents at Midbar Kodesh Temple and on field trips. I hereby give permission to Midbar Kodesh to secure proper medical treatment in case of an emergency for my child (named above) in the event I cannot be reached.

Signature

Date

Offsite Activity/Field-trip Release:

My child has my permission to participate in off-site group activities with their MKT Religious School/Youth Program group. Additionally, my child/children has/have permission to go by private car with MKT Religious School/Youth Program group to any off-site activity. Yes No

Media Release: I give permission to use my child's image in any media for MKT, including social media, print media, audio, and televised or filmed media. Yes No

Student Profile Information: Your responses to the following questions may be helpful to us in making the proper educational decisions for your child. All information will be held in confidence.

Learning Styles: Tell us any specific information about the way your child learns that you would like us to know.

Tell us any reading, language, or attention difficulties that might affect your child's participation in, or enjoyment of religious school.

If your child has an individualized education plan [IEP] or 504 accommodations plan, please notify the Religious School Director and/or provide a copy. It will be kept strictly confidential.

Medical/Emergency Information

(Please fill out a separate form for each child registering.)

Student Name: _____

EMERGENCY CONTACT INFORMATION IF PARENT/GUARDIAN CANNOT BE REACHED

1ST EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

2ND EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

EMERGENCY MEDICAL INFORMATION If there is an emergency and I am unavailable/unreachable, Midbar Kodesh Temple Religious School is authorized to seek medical care from:

Physician: _____ Phone: _____

Allergies: None Other (please specify below)

Food(s) (please specify) _____

Environmental/Other (please specify)

Has an Epi-Pen been prescribed by a Physician? Yes No

Do you agree to allow MKT to administer Epi pen? Yes No

Has an inhaler been prescribed by a Physician? Yes No

Do you allow MKT to administer inhaler? Yes No

Other Medications or Relevant Medical Information: _____

Signature _____ Date _____