



## Religious School and Ma'ayan Application 2021-22

Please complete and submit to the MKT office, or email to [danielle@midbarkodesh.org](mailto:danielle@midbarkodesh.org).

<b>GRADE LEVEL</b>	<b>WEEKLY SCHEDULE</b>	<b>ANNUAL TUITION</b>
Kindergarten & First Grade	Sundays only (9:00-12:00) Annual Activity/Book Fee  <b>Total Tuition &amp; Fees</b>	\$575 \$100  <b>\$675</b>
Second Grade –Third Grades (2 <sup>nd</sup> - 3 <sup>rd</sup> )	Sundays (9:00-12:00) <b>AND</b> Tuesdays (4:00 – 6:30 p.m.) Annual Activity/Book Fee  <b>Total Tuition &amp; Fees</b>	\$940 \$100  <b>\$1,040</b>
Fourth through Sixth Grades (4 <sup>th</sup> – 6 <sup>th</sup> )	Sundays (9:00-12:00) <b>AND</b> Tuesdays (4:00 – 6:30 p.m.) Annual Activity/Book Fee  <b>Total Tuition &amp; Fees</b>	\$1,040 \$100  <b>\$1,140</b>
Seventh Grade (B'nei Mitzvah year)	Sundays (9:00-12:00) <b>AND</b> 6 months of private B'nei Mitzvah tutoring  Every other Tuesday for Ma'ayan (6:30 – 8:00 p.m.) <b>Ma'ayan is mandatory</b>  <b>Total Tuition &amp; Fees</b>	\$1,250  \$525  <b>\$1,775</b>
Post B'nei Mitzvah	Every other Tuesday for Ma'ayan (6:30 – 8:00 p.m.)  <i>USY lounge meets on alternate Tuesdays. USY registration is separate from Religious School.)</i>	<b>\$525</b>

**\*\*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

### Mother's Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Is the mother Jewish? Yes  No

### Father's Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Is the father 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 10<sup>th</sup> 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: \$ \_\_\_\_\_

# Religious School Student Registration Form

(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 2021) \_\_\_\_\_ School Attending (as of Fall 2021) \_\_\_\_\_

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

Rabbi/Location \_\_\_\_\_ Conversion Date \_\_\_\_\_

**Annual Tuition/Fees Amount: \$** \_\_\_\_\_

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## 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.

Would you like the Religious School Director to call you regarding any of the information you provided? Yes  No

# 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 \_\_\_\_\_