



# Sha'arei Shalom

## HEBREW SCHOOL REGISTRATION FORM

School Year: 2017-18

### STUDENT INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Hebrew Name Birth Date Hebrew School Grade Completed / Date

\_\_\_\_\_  
Age (Sept 2016) Public School Grade (Sept 2017)

### PARENT/GUARDIAN 1

### PARENT/GUARDIAN 2

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Class	Class Structure	Member Rate*	Non-Member Rate
Pre-K/Kindergarten	1x per month, 2 hr class	\$250	\$450
Kitah Alef: First Grade	Every Sunday, 2 hr class	\$600	\$900
Kitah Bet: Second Grade	Every Sunday, 2 hr class	\$770	\$1250
Kitah Gimel: Third Grade	2x per week, Learners Service	\$1030	\$1500
Kitah Dalet: Fourth Grade	2x per week, Learners Service	\$1030	N/A
Kitah Hey: Fifth Grade	2x per week, Learners Service	\$1030	N/A
Kitah Vav: Sixth Grade	2x per week, Learners Service	\$1030	N/A
Kitah Zion: Seventh Grade	1x per month, Learners Service	\$690	N/A

\*Member Rates apply for members in good standing.

### NOTES:

- For new students, receive \$180 off Hebrew School Tuition if membership dues and tuition paid in full by first day of Hebrew School.
- Take 10% off lowest rate for additional child
- Rates do not include purchase of Hebrew School books. Cost of books ranges from \$20-60 per student.
- Separate Registration Forms are needed for each child.
- Be sure to fill out Emergency Medical Form on back.
- Please note that you will be expected to provide Challah and Juice 1-2 times per year for the Sunday morning snack. Cost is approximately \$20.

TOTAL TUITION DUE: \_\_\_\_\_

DEPOSIT ENCLOSED: \$ \_\_\_\_\_

1. A \$100 per child, non-refundable deposit is due by June 1, 2017
2. 50% of the total tuition is due by July 15, 2017.
3. Complete tuition payment is due by August 15, 2017

Please mail the registration form and check to: Sha'arei Shalom, P.O. Box 454, Ashland, MA 01721.

If you have any questions please contact us at [school@shaareishalom.org](mailto:school@shaareishalom.org).

**EMERGENCY AND MEDICAL CONTACT INFORMATION**

---

Child's Physician Physicians Tel

---

Child's Allergies

---

Any Medical or Behavioral Issues you would like to tell us about

---

Emergency Contact if Parent is unavailable Relationship to Child

---

Tel Cell Additional Tel

**CARPOOL RELEASE**

My child has permission to be driven home from Hebrew School by the following people:

---

Name Relationship

---

Name Relationship

---

Name Relationship

---

Name Relationship

---

Name Relationship

You may use my child's photograph in marketing materials for the Hebrew school and community. Please check one:

Yes  No

---

Parent/Guardian Signature Date