

**MY CHILD(REN) WILL BE ATTENDING RELIGIOUS SCHOOL
AT THE FOLLOWING LOCATION:**

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> K-3 SLC | <input type="checkbox"/> 7th PC |
| <input type="checkbox"/> Pre-K PC | <input type="checkbox"/> 8th-9th PC |
| <input type="checkbox"/> K-6 PC | <input type="checkbox"/> 10th PC |

My child(ren) will use THS's roundtrip transportation from SLC to PC (K-6 only)

*Participation in all religious school programs requires membership in Temple Har Shalom

STUDENT INFORMATION

Child 1: (m/f) First Name _____ Last Name _____

Hebrew Name _____ Birthdate _____ Child lives with _____

2010-2011 Grade in School _____ Secular School/City _____

Special Needs/Medications: _____

Child 2: (m/f) First Name _____ Last Name _____

Hebrew Name _____ Birthdate _____ Child lives with _____

2010-2011 Grade in School _____ Secular School/City _____

Special Needs/Medications: _____

Child 3: (m/f) First Name _____ Last Name _____

Hebrew Name _____ Birthdate _____ Child lives with _____

2010-2011 Grade in School _____ Secular School/City _____

Special Needs/Medications: _____

PARENT/GUARDIAN INFORMATION

Father's First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Hm No. _____ Wk No. _____ FAX No. _____ Mobile No. _____

Email Address _____

Mother's First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Hm No. _____ Wk No. _____ FAX No. _____ Mobile No. _____

Email Address: _____

CONTINUE ON OTHER SIDE

PAYMENT FORM

Complete form and return with payment (check/credit card) to:
Temple Har Shalom, Post Office Box 681236, Park City, Utah 84068

<u>Program*</u>	<u># of Students</u>		<u>Cost</u>
PK	_____	x \$200	_____
K-6	_____	x \$425	_____
7th	_____	x \$1000	_____
8 th /9th	_____	x \$200	_____
10th	_____	x \$500	_____
Total Cost:			_____

* There is a 10% discount for siblings in the same program.

Payment Enclosed \$ _____ Bill Me: Annually Each Semester

Name on Card _____ Credit Card Number _____

Security Code _____ Expiration Date _____ Credit card billing address if different: _____

EMERGENCY MEDICAL RELEASE FORM

I hereby authorize the Religious School staff and volunteers to make medical emergency contacts regarding my child(ren) should the need arise.

Parent Name _____ Parent Signature _____ Date _____

Emergency: Name: _____ Phone No. _____ Relationship to child _____

List all persons (other than child's parents) authorized to pick up the enrolled child(ren) at Religious School

(These persons will be required to show proper identification at the time of pick up)

Parent signature is required for application to be accepted.

FIELD TRIP PERMISSION FORM

I give Temple Har Shalom permission to transport my child(ren), _____, and participate in Religious School field trips scheduled throughout the year. I agree to indemnify Temple Har Shalom, its employees and its volunteers against all liability.

Parent Name _____ Parent Signature _____ Date _____

Emergency: Name: _____ Phone No. _____ Relationship to child _____

Parent signature is required for application to be accepted.

VOLUNTEER OPPORTUNITIES

We strive to offer the best after-school Jewish program and in order to succeed, we need additional help. Please select from the following Religious School activities. If you have any special skills, please share them with us.

Please circle any of the following volunteer opportunities that interest you:

Fundraising (proceeds to school), Tzedakah Project (proceeds to charity), Office Help, Shabbat Dinners, Budget, Newsletter, Teaching/Teacher Assistant, Events, Teacher Appreciation, Board Member.