

Kehilla - School for Creative Jewish Education Registration 5771 (2010-2011)

Administrative offices: 5714 Fields Ertel Road, Cincinnati, OH 45249 * Phone: (513) 931-6040 * Fax: (513) 530-2002

Director of Education: Tracy Weisberger * Email: tracyw1@fuse.net

Please complete this form and return it to the address above.

Mother's Name: _____	Father's Name: _____
Address: _____	Address (if different): _____
_____	_____
City, State: _____	City, State: _____
Zip Code: _____	Zip Code: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Cell. Phone: _____	Cell. Phone: _____
E-Mail: _____	E-Mail: _____

CHILD #1	CHILD #2
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
Secular School:	Secular School:
Grade Level:	Grade Level:
CHILD #3	CHILD #4
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
Secular School:	Secular School:
Grade Level:	Grade Level:

2010-2011 TUITION FOR MEMBER FAMILIES OF CONGREGATION OHAV SHALOM

Grade	Number of Students	Tuition	Subtotal
Gan Mishpacha		\$180	
K- Grade 2		\$375	
Grades 3-7		\$700	

Minimum Deposit \$100

Total 2010-2011 Tuition: \$ _____

Please contact your congregation with questions about tuition and scholarships: Office@OhavShalom.org or (513) 489-3399.

Payment Submitted: \$ _____

Preferred Payment Method: (Please indicate choice)

- Check
- Credit Card

Preferred Payment Schedule: (Please indicate choice)

- Payment in full before the start of school year.
- ½ of tuition in September, remaining ½ in January
- Quarterly payments – Sept., Nov, Jan., April

***In order to enroll your child in Kehilla School for Creative Jewish Education through Congregation Ohav Shalom you must provide a credit card number as a guarantee. Your credit card will only be billed if you choose to pay by credit card.

Type of credit card: _____ VISA _____ MASTER CARD

Credit Card # _____ Exp. Date: _____

Name as it appears on credit card: _____

Signature of card holder: _____

We are so happy you are registering your child for Kehilla – School for Creative Jewish Education. If your child is not Jewish by maternal descent or by traditional (halakhic) conversion, please speak to the rabbi of either Northern Hills Synagogue or Congregation Ohav Shalom at your earliest convenience.

In enrolling my child(ren), I give Kehilla School for Creative Jewish Education permission to use my child(ren)'s likeness in promotional material or other synagogue use

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Signature of Parent

Date

AUTHORIZED PICK-UP, 2010-2011

The following people (in addition to those listed on the first pages) are authorized to pick up my child from Kehilla School for Creative Jewish Education during the 2008-2010 school year:

Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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I reserve the right to delete any name from this list at any time, thereby withdrawing authorization for any of these parties to pick up my child. I also reserve the right to add any name at any time.

In the event of shared custody, I agree to provide written details of which parties are authorized to pick up our child at designated times. I agree to provide legal documentation for any court-ordered restrictions on who has authorization to pick up my child.

VOLUNTEER OPPORTUNITIES

Please check off those activities for which you would like to volunteer; you will be contacted to schedule dates.

- | | |
|--|---|
| 1. Join the new Kehilla PTO _____ | 2. Help in classroom _____ |
| 3. Make phone calls for special events _____ | 4. Bring in a special treat _____ |
| 5. Organize a class project _____ | 6. Drive on a field trip _____ |
| 7. Wednesday afternoon 4:15 – 4:45 pm _____ | 8. Sunday mornings (Tracy will contact you) _____ |

Parents and/or other relatives of students in Mrs. Shulman’s K-2 class are strongly urged to:

9. Read a story to the K-2 class (a sign-up sheet with dates is outside the classroom) _____

OTHER INFORMATION

Does your child have any type of Special Learning Needs? (Please be specific and explain fully).

CHILD #1	CHILD #2
Name:	Name:
Special Needs:	Special Needs:
CHILD #3	CHILD #4
Name:	Name:
Special Needs:	Special Needs:

Is there any other information about any of your children that you would like to share with the Director of Education or your child(ren)'s teachers?

Please notify the school in writing if medications are to be taken at school.