



Shirat HaNefesh Religious School Registration 5778 (2017-2018)

Please email completed forms to education@ShiratHaNefesh.org or mail forms to:

Shirat HaNefesh, P.O. Box 8681, Silver Spring, MD 20907-8681

Limud Elementary School (Grades 3 – 6, or ages 8-12):

Weekly Religious School -- Shabbat mornings 10:00 a.m. -12:00 p.m.

One day a week at Moed's afterschool program, or weekly Hebrew tutoring.

B'nei Mitzvah (grades 6-9, or ages 12-16):

Weekly Religious School – Shabbat mornings, 10:00 a.m. – 12:00 p.m.

Wednesday evenings, 6:45 - 8:15; this may be subject to change, with general agreement.

Note: in the winter and spring, some Wednesday meetings may be replaced with individual Madrichah/ Parshah Guidance

Trope tutoring must be scheduled by each family; but we will help you find a tutor.

Student Name	Grade in 2017/18	Elementary School (Grades 3 – 6) \$500 <small>Note: you must also enroll with Moed for one day a week of Hebrew instruction/after school programming, or hire a Hebrew tutor. Families will register with and pay Moed or tutor directly.)</small>	B'nei Mitzvah (Grades 6+) B'nei Mitzvah School Tuition: \$1000 B'nei Mitzvah tutoring: <small>We will help you find a tutor, who you will pay directly. Tutors usually charge \$65/hr. Tutoring should begin at least 6 months prior to Bat/Bar Mitzvah. Please contact the rabbi or hazzan to get date assignment. Preferred dates will be taken into consideration but cannot be guaranteed.</small>	
		\$	\$	
		\$	\$	
		\$	\$	
Sibling Discount 10% for each additional child enrolled. Example: first child is full price, second child is 10% off full price, third child is 10% off full price, etc.			- \$	
Recruitment Discount One-time 10% discount per new family recruited for the school by Dec. 31. The new family must pay tuition in full by 06/30/17 for this discount to apply.			- \$	
TOTAL				

Student Information 2017-2018

What does your child need to succeed in a learning environment? What are his/her challenges?

Student Address #1 _____ **City/State** _____ **ZipCode** _____

Parent Address #2 (If different) _____ **City/State** _____ **ZipCode** _____

Emergency Contact #1: _____ **Home Phone #** _____ **Cell #** _____

Emergency Contact #2: _____ **Home Phone #** _____ **Cell #** _____

Family Doctor: _____ **Phone #** _____

Any Known Allergies and/or Medical Conditions: _____

Consent for use of photos and/or videos

I give permission for Shirat HaNefesh and/or its agents to take and publish photographs and/or videos of my student for educational purposes, and for the purposes of promoting the school and/or the shul.

Parent or Guardian Signature

Date

Consent for Emergency Medical Care

If my child is ill or injured at school and needs emergency care and I cannot be reached, I hereby authorize Shirat HaNefesh to make arrangements for her or him to be evaluated. I agree to assume all responsibility and expenses, including transportation, incurred at this time. Emergency care will be provided by the closest hospital.

Parent or Guardian Signature

Date