



## Shirat HaNefesh Religious School Registration 5777 (2016-2017)

Please email completed forms to [education@ShiratHaNefesh.org](mailto:education@ShiratHaNefesh.org) or mail forms to:

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

### Limud (Age 6-11 thru 2/28/2017):

Weekly Religious School -- Shabbat mornings 10:30 a.m. -12:00 p.m.

And one day a week at Moed's afterschool program.

### B'nei Mitzvah (Age 12+ after 2/28/2017):

Weekly Religious School – Shabbat mornings, 10:30 a.m. – 12:00 p.m.

Wednesday evenings, 6:45 - 8:15

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

Trope tutoring will also be scheduled individually

Student Name	Age as of 2/28/2017	Limud (Age 6-11 thru 2/28/2017): \$500 Note: elementary school students will also enroll with Moed for one day a week of Hebrew instruction/after school programming. Families will register with and pay Moed directly.)	B'nei Mitzvah Age 12+ (after 2/28/2017) B'nei Mitzvah School Tuition: \$1000 B'nei Mitzvah Fee: \$1200 This fee, which is required for all b'nei mitzvah, should be paid no later than 6 months before your bar/bat mitzvah date. Please contact Rabbi and Hazzan to get date assignment. Preferred dates will be taken into consideration but cannot be guaranteed.	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Sibling Discount</b> 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.				—
<b>Recruitment Discount</b> 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.				—
<b>TOTAL</b>				\$

**Student Information 2016-2017**

<b>Student #1: Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Hebrew Name</b>  DOB: TIME OF BIRTH:
<b>Student #2: Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Hebrew Name</b>  DOB: TIME OF BIRTH:
<b>Student #3: Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Hebrew Name</b>  DOB: TIME OF BIRTH:
<b>Parent #1 Last Name:</b>	<b>Parent #1 First Name:</b>	<b>Parent #2 Last Name:</b>	<b>Parent #2 First Name:</b>
<b>Parent #1 Email:</b>	<b>Parent #1 Home Phone:</b>	<b>Parent #2 Email:</b>	<b>Parent #2 Home Phone:</b>
<b>Parent #1 Cell Phone:</b>	<b>Parent #1 Work Phone:</b>	<b>Parent #2 Cell Phone:</b>	<b>Parent #2 Work Phone:</b>

**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:** \_\_\_\_\_

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

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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**