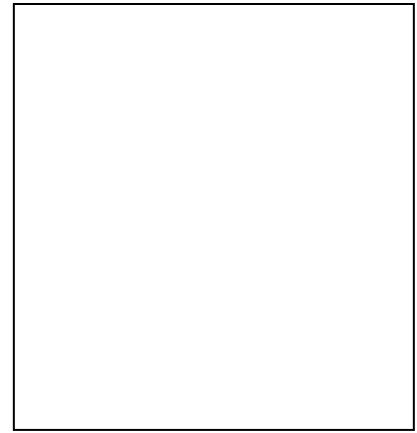


2010 – 2011
STUDENT INFORMATION
PLEASE COMPLETE ONE FORM PER CHILD
PLEASE RETURN TO TEMPLE BY JUNE 16TH



please include photo

Name _____

Nickname _____

Hebrew Name _____

Grade Level _____ Male Female

Date of Birth _____

School _____

I am a new student returning student

Student E-Mail _____

Student Cell Phone _____

Are there any special health matters which we should be aware of? Physical restrictions?

In order to better serve your child, please list and explain any learning differences (e.g. learning disabilities, behavior disorders, ADD, ADHD, etc.)

Please let any diet specifications, food allergies, etc that we need to know about.

We will try to honor one class request per student, especially when students request each other. No more than 2 requests will be accepted. These requests are for Judaic studies only.

1) _____

2) _____

4TH – 6TH GRADERS ONLY

Please choose **ONE** area of interest:

- Performing Arts Creative Arts Sports



**TEMPLE SHIR SHALOM
STUDENT ENROLLMENT VERIFICATION
SHORESH: 2010 - 2011**



PLEASE VERIFY THE FOLLOWING INFORMATION. IF THERE ARE ANY CHANGES, PLEASE MAKE THE APPROPRIATE CORRECTIONS, SIGN AND DATE AT THE BOTTOM. PLEASE RETURN TO TEMPLE BY JUNE 16TH.

STUDENT NAME(S): _____

PARENT 1 / GUARDIAN 1 _____	PARENT2 / GUARDIAN 2 _____
ADDRESS _____	ADDRESS _____
CITY, ZIP _____	CITY, ZIP _____
HOME PH. _____	HOME PH. _____
WORK PH. _____	WORK PH. _____
CELL PH. _____	CELL PH. _____
E-MAIL _____	E-MAIL _____
STEP PARENT (if applicable) _____	STEP PARENT (if applicable) _____

I have double checked the above information and it is correct.

If parents are separated, divorced or one or both are deceased, please specify and note child's living arrangements.

SHIR SHALOM HAS OUR PERMISSION TO PUBLISH OUR CONTACT INFORMATION IN THE RELIGIOUS SCHOOL DIRECTORY YES NO

IF MORE THAN ONE ADDRESS – PLEASE SPECIFY WHICH ADDRESS

PARENT /GUARDIAN 1 PARENT /GUARDIAN 2 BOTH

TREATMENT PERMISSION FORM

In case of an injury or illness involving my child(ren), when neither parent / guardian can be reached at the phone numbers shown on this form, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child(ren)'s comfort and well-being. Furthermore, we agree to pay any and all charges which result from such treatment.

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Medical Insurance Co. _____

Contract #: _____ Group #: _____

Hospital Preference _____

Emergency contact to be called when parent(s) / guardian(s) cannot be reached:

Name _____ Relationship to child(ren) _____

Home Phone _____ Cell Phone _____

PARENT / GUARDIAN SIGNATURE DATE

For office use only		date rec'd _____	
AA _____	PP <input type="checkbox"/>	PF <input type="checkbox"/>	OTHER _____
IS _____	MM <input type="checkbox"/>	XL <input type="checkbox"/>	_____

SHORESH FEES 2010 - 2011



Parents / Guardians Names

Child(ren)'s Name(s)

PLEASE COMPLETE THIS CARD AND INCLUDE WITH YOUR PAYMENT

Include this card with your enrollment form and your tuition payment. Tuition must be **paid in full by August 20th**. Dues must be current in order to register.

GRADE	(Fees x Children)	TUITION	TOTAL
PreK (3&4 yr olds)	\$ 360	x _____	= _____
Kindergarten	\$ 440	x _____	= _____
1 st grade	\$ 605	x _____	= _____
2 nd grade	\$ 605	x _____	= _____
3 rd grade	\$ 685	x _____	= _____
4 th grade	\$ 750	x _____	= _____
5 th grade	\$ 765	x _____	= _____
6 th grade	\$ 765	x _____	= _____
7 th grade	\$ 605	x _____	= _____
8 th grade	\$ 605	x _____	= _____
9 th Grade	\$ 585	x _____	= _____
10 th Grade with Confirmation	\$ 740	x _____	= _____
11 th Grade	\$ 585	x _____	= _____
12 th Grade with Graduation	\$ 710	x _____	= _____
7 th gr Hebrew 1 Trimester	\$ 85	x _____	= _____
7 th gr Hebrew 2 Trimesters	\$ 170	x _____	= _____
7 th gr Hebrew 3 Trimesters	\$ 255	x _____	= _____
Donation			_____

Donation: (To assist families in need with Religious School)
(Materials and snack fees included for all grades)
(Youth group dues included for grades 5-12)

2010 – 2011 SHORESH SCHOOL
VOLUNTEER SIGN-UP SHEET



Calling all MOMS, DADS, GRANDPARENTS, RETIRED PEOPLE, YOUNG ADULTS -- anyone who enjoys volunteering time for the good of our Religious School students. We need YOU to help us offer our children safe, educational and enriching programs. Below are various tasks that require, in most cases, just a few hours of your time. Please take the time to fill out the sheet and return it to the Religious School office. On behalf of our students, we thank you in advance for your time.

Name: _____ Phone: _____

___ Family Programs. Help with individual grade related Family programs.

___ Parking Lot Monitor at The Corners. Help ensure the safety of our students once or twice a month on Sunday morning (9:15-9:45 and/or 12:00-12:30) by directing traffic and serving as a crossing guard.

___ Building Greeter. Serve as a greeter on Sunday morning to welcome others and make sure that they know where they are going.

___ Kitchen Assistant. Help prepare snacks in the kitchen on Sunday mornings.

___ Honors Shabbat Programs. Help coordinate desserts for Religious School Shabbat Programs.

___ Room Parent. Help your child's teacher with special programs and serve as the top of the phone tree for important last minute school related issues.

___ Assist Youth Group by helping out at Purim Carnival.

___ Office Assistant. Help with various tasks in the school office, such as photocopying, stocking shelves, mailings, etc.

___ Share your talents with the students. We're looking for specialists in performing arts, creative arts, visual arts and sports. Chefs, musicians, storytellers and more. If you have a hobby that's you'd be interested in sharing, let us know what it is.

___ Other _____

Jewish Federation of Metropolitan Detroit
Jewish Education Scholarship Application Form
2010-2011

PLEASE COMPLETE ONE APPLICATION PER CHILD
(Copy if Needed)

I. STUDENT INFORMATION

Student's Name _____

Grade in Public School in year(s) 2010-2011 _____

Address _____
(street) (city) (zip)

Phone _____ Date of Birth _____

II. FAMILY INFORMATION

A. Total number of children in family _____

Name	Age	Grade	Attending Religious School in September 2010
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Father's Name _____

Home Address _____
(street) (city) (zip)

C. Mother's Name _____

Home Address _____
(street) (city) (zip)

Home Phone _____

III. UNUSUAL FINANCIAL CIRCUMSTANCES

Please explain why you are applying for an Educational Scholarship by telling us any information that would be helpful for us to know. This might include unusual expenses you have had in the past year, or expect in this year, significant changes in income in recent years or expected this year, illness, housing or employment difficulties, debts, support of aged relatives, etc. (please attach additional pages if needed).

IV. PARENTAL VERIFICATION

We have checked this application and affirm that the information given is complete and correct.

Signature of Parent or Legal Guardian

Date

OFFICE COMMENTS/OFFICE USE ONLY

Date Received _____

AA _____ IS _____