

**SUNDAY SCHOOL FOR JEWISH STUDIES  
ENROLLMENT FORM 2016-17**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Entering Grade: \_\_\_\_ School: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1 Name:	Parent 2 Name:
Cell Phone:	Cell Phone:
Address if different than above:	Address if different than above:
Home Phone if different than above:	Home Phone if different than above:
Email Address:	Email Address:
Occupation:	Occupation:

Please indicate where you prefer school correspondences to be sent: Parent (1) \_\_\_\_ Parent (2) \_\_\_\_ Both \_\_\_\_

Do you consent to having your child's name and your email address included in a class contact list? Yes \_\_\_\_ No \_\_\_\_

Emergency Contact Info: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is your child receiving any educational services at school? \_\_\_\_\_

Tell us what we should know about your child's learning style, medical history or special needs: \_\_\_\_\_

If your child has a severe allergy (requires an EpiPen); please attach the physician's medication administration form or allergy action plan and answer the following: When child is at SSJS, where will his/her EpiPen be located? \_\_\_\_\_

Your signature here allows an adult (teacher or principal) to administer the EpiPen if needed: \_\_\_\_\_

Comments regarding your child's allergy care: \_\_\_\_\_

Do you consent to the use of your child's photo for SSJS promotional purposes? Yes \_\_\_\_ No \_\_\_\_

**If new to the school:**

- How did you hear about the Sunday School? \_\_\_\_\_
- Describe your child's prior religious education: \_\_\_\_\_

**We rely on parent volunteers to help make our school successful.** Please indicate if you would be willing to volunteer your time and skills to one or more of the following: Parent board \_\_\_\_ Room parent \_\_\_\_ Holiday celebrations or other special events \_\_\_\_ Marketing \_\_\_\_ Fundraising \_\_\_\_ Other \_\_\_\_\_

**Deposit and Tuition for 2016-17**

Program	Non-Refundable Deposit due with this form	Tuition paid in full by June 30 <sup>th</sup>	Tuition paid in full July 1 <sup>st</sup> or later
Grades 1-7	\$300 per child	\$1260 for first child; \$1210 for each additional child	\$1435 for first child; \$1385 for each additional child
Pre-K/K	\$100 per child	\$350 per child	\$350 per child

Tuition enclosed: \$ \_\_\_\_\_ Payment plan or scholarship requested: \_\_\_\_\_

Please consider making a donation of \$25 to the SSJS scholarship fund. Donation enclosed: \$ \_\_\_\_\_

Effective immediately, for continued participation in the program, all payments must be made by the scheduled due dates. Any outstanding balance must be accounted for prior to registering for a new school year.

The above information is correct to the best of my knowledge and I agree to the tuition policies including the non-refundable deposit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed application to:  
Sunday School for Jewish Studies  
c/o 251 Atlantic Avenue  
Marblehead, MA 01945**