

**SUNDAY SCHOOL FOR JEWISH STUDIES
ENROLLMENT FORM 2018-19**

Child's Name: _____ Age: ___ Grade in Fall '18: ___ 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: Both: ___ Parent (1) only ___ Parent (2) only ___

Do you consent to having your child's name and your name(s)/email address(es) included in a school directory? 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 any food or other significant allergies, please identify: _____

If your child requires an EpiPen, where will it be located? _____

Please attach the physician's medication administration form or allergy action plan.

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 _____

Tuition for 2018-19

Program	Non-Refundable Deposit due with this form	Tuition paid in full by June 30 th	Tuition paid in full July 1 st or later
Grades 1-7	\$300 per child	\$1395 for first child \$1345 for each additional child	\$1560 for first child \$1510 for each additional child
Pre-K/K	\$100 per child	\$350 per child	\$350 per child

Payment enclosed: \$ _____ Please contact me about a payment plan or scholarship: _____

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

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.

Signature: _____ Date: _____

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