



2011-2012 Camp Pomegranate Registration

Please submit a separate set of forms for each child

Student's Name _____ Student's Hebrew Name _____
 Birth date _____ Sex (M or F) _____ Secular School _____

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Circle below the Religious School grade for your child

Based on Grade in September 2011 in secular school

K 1st 2nd 3rd 4th 5th 6th 7th Pre-Conf.

Emergency Contact & Medical Consent

Temple Etz Rimon
 2020 Chestnut Avenue
 Carlsbad, CA 92008
 (760) 929-9503

Mother's Name _____ Home phone _____
 Email _____ Cell phone _____

Father's Name _____ Home phone _____
 Email _____ Cell phone _____

Mother's Address _____ City, Zip _____
 Father's Address (if different) _____ City, Zip _____

In the event of an emergency, when I am not available, please contact:
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Child's Physician _____ Phone _____
 Child's Dentist _____ Phone _____

My child is taking the following medication: _____
 Special needs to be aware of in rendering treatment are: _____

 Allergies: _____

I hereby authorize Temple Etz Rimon to obtain necessary emergency care for my child. In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by Temple Etz Rimon representatives or employees, when neither Parents, Guardian, or Family Physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Signature of Parent _____ Date _____

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Circle the amount below for your child's tuition

Tuition includes classes, books and all materials needed for participation*

ANNUAL SCHOOL FEES

	By July 15	After July 15
Kindergarten and 1 st Grade	550	650
2 nd through 5 th Grades	950	1,050
6 th and 7 th Grades	850	950
Pre-Confirmation Class/ Youth Group	300	400

* Enrollment in Camp Pomegranate is available only to families who are members of Temple Etz Rimon. Yearly family membership at Temple Etz Rimon is \$800.00.

Release

I agree that pictures/videos of my child taken during his/her participation in religious school and other Temple Etz Rimon programs may be used by Temple Etz Rimon for publicity or promotional purposes.

Signature of Parent _____ Date _____

Consent

I agree that my child's name, address and telephone number may be used by Temple Etz Rimon for a school or class telephone roster.

Signature of Parent _____ Date _____

Deposit must accompany this application.

You must be a Temple Etz Rimon member and current on your Temple Etz Rimon financial obligations to enroll your child in religious school.

Choose one payment option:

() full payment for tuition in the amount of \$ _____ is enclosed.

() I have enclosed half of my child's tuition \$ _____ and will pay the balance of \$ _____ by December 31, 2011. **I understand that in order for my child to return to religious school in January 2012, the balance must be paid in full.**

() other: must be written in below and be approved by Director of Education.

I understand my financial obligation to Temple Etz Rimon is for the **full annual tuition** as stated in this registration form, and that Temple Etz Rimon does not refund the tuition or cancel unpaid obligations if the student withdraws for any reason during the upcoming academic year.

Signature of Parent _____ Date _____