



# TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County  
CARLSBAD, CALIFORNIA

## 2018-2019 Religious School Registration

*Please submit a separate set of forms for each child*

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Student's Hebrew Name \_\_\_\_\_ (bar/bat) \_\_\_\_\_  
Secular School \_\_\_\_\_

### Circle Below the Religious School Grade for Your Child

*(Based on Grade in September 2018 in secular school)*

**K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup>**

### Emergency Contact & Medical Consent

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

Parent 1 Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_  
Parent 2 Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_  
Parent 1 Address \_\_\_\_\_ City, Zip \_\_\_\_\_  
Parent 2 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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## 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 \_\_\_\_\_

## Indicate the Amount Below for Your Child's Tuition

Tuition includes classes, books and all materials needed for participation

### ANNUAL SCHOOL FEES

<i>Student Grades</i>			
# of children in Kindergarten-1st	@	\$360	
# of children 2nd through 3rd Grades	@	\$720 each	=
# of children 4th through 7 <sup>th</sup> Grades	@	\$1,150 each	=
		<b>Total Due</b>	=
<b>This must be at least ½ tuition due</b>		<b>Total Enclosed</b>	=
<b>Balance must be paid by 12/31/2018</b>		<b>Balance Due</b>	=

**EARLY BIRD DISCOUNT: IF FULL PAYMENT IS MADE PRIOR TO JULY 1, 2018,  
TEMPLE ETZ RIMON WILL REFUND \$100 PER STUDENT.**

Limited financial aid is available. If interested, please contact Rabbi Sherman  
[rabbisherman@templeetzrimon.org](mailto:rabbisherman@templeetzrimon.org)

\* Enrollment in Temple Etz Rimon Religious School is available only to families who are members of Temple Etz Rimon. Yearly family membership at Temple Etz Rimon is \$1,215.

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## Deposit Must Accompany This Application

**You Must Be a Temple Etz Rimon Member and Current on Your Financial Obligations  
To Enroll Your Child in Religious School**

I understand my financial obligation to Temple Etz Rimon is for the **full annual tuition** as stated on 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 \_\_\_\_\_