

Member # (Office) _____ NEW Member? _____

Please check here if you have any changes to contact information: _____

CONGREGATION SCHAARAI ZEDEK JULIA M. AND SAMUEL L. FLOM RELIGIOUS SCHOOL

3303 W. Swann Ave.

Tampa, FL 33609

813-876-2377, Ext. 210

FAX: 813-873-1401 or E-mail: dwood@zedek.org

**2018-2019 REGISTRATION FORM
PRE-KINDERGARTEN THROUGH GRADE 9**

(Please write legibly)

Please list the children being registered in Religious School from oldest to youngest:

Name _____ Sex _____ Birthdate _____ Grade(Rel. Sch.) _____

Name of Secular School _____ Grade (Secular School) _____

Name _____ Sex _____ Birthdate _____ Grade(Rel. Sch.) _____

Name of Secular School _____ Grade (Secular School) _____

Name _____ Sex _____ Birthdate _____ Grade(Rel. Sch.) _____

Name of Secular School _____ Grade (Secular School) _____

Name _____ Sex _____ Birthdate _____ Grade(Rel. Sch.) _____

Name of Secular School _____ Grade (Secular School) _____

Religious School mail should be addressed to:

Name(s) (Mr., Mrs., Ms., Dr.) _____

Address _____ City _____ Zip _____

Parent's Name _____ E-Mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Name _____ E-Mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

If the child's parents live at separate addresses, please indicate. It is our policy to mail report cards and other pertinent information to **both parents** unless there is a court order to the contrary. The other address is:

Name _____ E-Mail _____

Address _____ City _____ Zip _____

If a parent cannot be reached in an emergency, please call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

(OVER)

REGISTRATIONS MUST BE PROCESSED IN THE TEMPLE OFFICE BY FRIDAY, AUGUST 10, FOR YOUR CHILD/REN TO BEGIN ON AUGUST 26 (the first day of Religious School).

Thank you!

REGISTRATION FEES

SUNDAY PROGRAM

Fees: Pre-K (4-yrs-old by 9/1/18) through Grade 9 @ \$395 per student X ___ students = _____*

*** Bar/Bat Mitzvah and Confirmation fees are not included in this amount.**

METHOD OF PAYMENT

Check # _____

___ VISA ___ MasterCard ___ Am. Exp. No: _____

Exp. date _____ Billing Zip Code _____ Customer Code _____ (3-digit code on back of MC and Visa and 4-digit code on face of Am. Exp.)

Name on credit card: _____

Preferred Payment Plan:

___ Annually ___ Semi-annually ___ Quarterly ___ Monthly

Temple Policy: It is the policy of the Religious School not to enroll a student in his/her classroom until all Temple obligations have been met and/or arrangements have been made with the Executive Director, Marc LeVine (813-876-2377 ext. 206). A member's child is never excluded from Schaarai Zedek Religious School for financial reasons.

FOR OFFICE USE:

Amount Paid _____ Date _____

Check # _____ VISA, MasterCard, or Am. Exp. _____ Balance Due _____

Preferred Payment Plan: ___ Annually ___ Semi-annually ___ Quarterly ___ Monthly