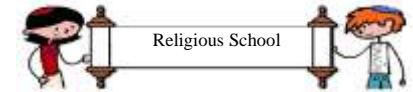


Religious School

TEMPLE ISRAEL OF GREAT NECK RELIGIOUS SCHOOL
 108 Old Mill Road Great Neck, NY 11023 phone: 516-482-7800 ext. 1134 Rabbi Tracy G. Klirs, Director



Religious School

REGISTRATION FORM & CONTRACT 2011-2012

STUDENT INFORMATION						
					In September 2011	
LAST NAME	FIRST NAME	HEBREW NAME <small>(Please print in English)</small>	GENDER	DATE OF BIRTH	AGE	GRADE
1.						
<i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>						
2.						
<i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>						
3.						
<i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>						
4.						
<i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>						

PARENT #1 INFORMATION				PARENT #2 INFORMATION					
LAST NAME		FIRST NAME		LAST NAME		FIRST NAME			
ADDRESS		CITY	STATE	ZIP	ADDRESS		CITY	STATE	ZIP
HOME PHONE		CELL PHONE		HOME PHONE		CELL PHONE			
BUSINESS PHONE				BUSINESS PHONE					
FAMILY'S PRIMARY EMAIL ADDRESS for TIGN Religious School Info				FAMILY'S SECONDARY EMAIL ADDRESS for TIGN Religious School Info					

EMERGENCY CONTACT	
FIRST AND LAST NAME	RELATIONSHIP TO CHILD
HOME PHONE	CELL PHONE

SCHEDULE PREFERENCE

GRADE IN SEPTEMBER 2011	STUDENT'S FIRST NAME(S)	REQUEST TEACHER (If Possible)	REQUEST 1 OR 2 FRIENDS PER CHILD - NO GUARANTEES	SCHEDULE PREFERENCE
Nitzanim (K)				<input type="checkbox"/> Sunday 9:30am-12:00pm <input type="checkbox"/> Wednesday 4:00pm-6:30pm
Alef (1 st)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm <input type="checkbox"/> Monday/Wednesday 4:00pm-6:30pm
Bet (2 nd)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm <input type="checkbox"/> Monday/Wednesday 4:00pm-6:30pm
Gimmel (3 rd)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm <input type="checkbox"/> Monday/Wednesday 4:00pm-6:30pm
Dalet (4 th)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm <input type="checkbox"/> Monday/Wednesday 4:00pm-6:30pm
Hay (5 th)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm There will not be a Mon/Wed Class this year.
Vav (6 th)				<input type="checkbox"/> Sunday 9:30am-12:00pm/Tuesday 4:00pm-6:30pm <input type="checkbox"/> Monday/Wednesday 4:00pm-6:30pm

Please check your schedule preference. All classes contingent upon enrollment. Requests for a particular session will be considered on a first come, first served basis.

I GIVE Temple Israel permission to use photos of my child in its publicity (such as in the Voice, on the TIGN website, in local newspapers, etc).

RELIGIOUS SCHOOL FEES 2011/2012*

(*Tuition is subject to change by vote of Board of Trustees in June 2011)

Nitzanim: \$650 Alef-Vav: \$1300 Tutoring (up to 1 hr/wk): \$450

\$650 (Nitzanim): # of students _____ x \$650 = \$ _____

\$1,300 (Alef-Vav): # of students _____ x \$1,300 = \$ _____

TOTAL DUE = \$ _____

50% OF TUITION DUE WITH REGISTRATION FORM, BALANCE OF TUITION DUE December 1, 2011

[] American Express [] VISA [] Mastercard [] Discover Credit Card Number _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

() I elect to pay Religious School tuition by credit card. (Please fill in Credit Card information above)

() I elect to pay Religious School tuition by check. (If my check for the October 1st balance is not received within 7 days of the due date I understand that my credit card will be charged.) (Please fill in Credit Card information above)

FOR OFFICE USE ONLY:

Date Received: _____

FOR NEW STUDENTS ONLY: My Child has studied Hebrew before. My Child knows the Hebrew letters and vowels.

My Child is able to sound out Hebrew words. My Child reads Hebrew well.