



REGISTRATION
2018 - 2019 5779

RETURN YOUR COMPLETED FORM WITH PAYMENT TO YOUR CONGREGATION
TUITION

Kindergarten/1st Grade ___ \$490 (by 6/15) ___\$505 (6/16 – 8/15) ___\$520 (after 8/15)
 Sundays (9:30-12:30)

Grades 2-7 ___ \$690 (by 6/15) ___\$705 (6/16 – 8/15) ___\$725 (after 8/15)
 Sundays (9:30-12:30)
 Wednesdays (4:00-6:00)

Grade: 8 ___ \$490 (by 6/15) ___\$505 (6/16 – 8/15) ___\$520 (after 8/15)
 Sundays (9:30-12:30)

Please print clearly.

1. Student(s) Information:

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Family Volunteer Fee (Volunteer at least 4 hours during the school year or pay \$200) \$ _____

Supply Fee \$10/student \$ _____

Sub-total \$ _____

Reduced rate for each additional sibling (-\$25) \$ _____

TOTAL \$ _____

***UNAFFILIATED FEE (additional)** K, 1st & 8th grade - \$415 / 2nd-7th grade - \$665 \$ _____

TOTAL \$ _____

****Unaffiliated families MUST join one of the participating synagogues after two years.***

Option 1: Payment in FULL Check # _____ @ \$ _____

Option 2: 5 Payments (dated June 15, 2018 through October 30, 2018)

5 Monthly postdated checks @ \$ _____ each = TOTAL \$ _____ (checks must be enclosed)

Mail payment to YOUR congregation:

Congregation Ohav Shalom, 113 New Krumkill Road, Albany, New York 12208 (518) 489-4706
 Temple Israel, 600 New Scotland Avenue, Albany, New York 12208 (518) 438-7858
 B'nai Sholom, 420 Whitehall Road, Albany, New York 12208 (518) 482-5283

Additional payment options/educational subsidies may be available. Please contact the Executive Director at your synagogue.

Parent Information:

Students live with (check one): Both Parents Mother Father Other

If other, please indicate your relationship: _____

Parent/Guardian 1 Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

Parent/Guardian 2 Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email _____

Family Synagogue Affiliation _____

NON-PARENT Emergency Contact:

Name _____ Relationship _____ Phone _____

In case of emergency, which hospital would you prefer? _____

Photo Release: I give permission for my child's photograph to be used in synagogue publications and local newspapers. Please sign (Parent/Guardian Signature)

B'Yachad Student Directory: I give permission for my **Contact Information** to be included in the B'Yachad Student Directory. Please sign (Parent/Guardian Signature)

For Office Use ONLY		Synagogue Affiliation _____	
Billing Code _____	If multiple children, copy made for each	Date _____	Initial _____
Total Amount Due _____	Given to Education Office	Date _____	Initial _____
Reg. Fees Received	Date _____	Initial _____	Placed in Education binder (Main Office) Date _____
Reg. Accepted	Date _____	Initial _____	Notes _____