

TALMUD TORAH REGISTRATION FORMS

2017-18 / 5778

S T U D E N T / F A M I L Y I N F O R M A T I O N

PLEASE NOTE: An accurate, completed form is the only way we can ensure our information is up to date. To best meet the needs of your student all applicable information must be provided for registration to be accepted. A completed registration form must be on file in the office before your student is allowed to start school. Please download as many copies as you need.

STUDENT'S GIVEN NAME _____ Date of Birth ____/____/____ Gender M F
Hebrew Name _____ Synagogue _____
Student Email _____ Student Cell Phone _____
2017 Elementary/Middle School _____ **Fall 2017 School Grade** _____ **New Student**

DOES YOUR CHILD HAVE A SPECIALIZED PLAN AT PUBLIC SCHOOL (IEP, 504, ETC) Yes No

ADDITIONAL COMMENTS REGARDING STUDENT INCLUDING ANY SPECIAL EDUCATIONAL NEEDS

PARENT/GUARDIAN INFORMATION Student resides with: Mother Father Both Guardian

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home _____ Work _____	Home _____ Work _____
Cell _____	Cell _____
Email _____	Email _____
Occupation _____	Occupation _____

GRANDPARENT(S) OR SPECIAL PERSONS

During the year, students will participate in special programs to which grandparents and special people will be invited. Please provide us with their names and complete addresses.

Name(s) _____	Name(s) _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home _____	Home _____
Email _____	Email _____

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R E L E A S E O F I N F O R M A T I O N

STUDENT LAST NAME _____

EMERGENCY AND MEDICAL INFORMATION

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Name of Specialist _____ Phone _____

EMERGENCY CONTACTS

In an emergency, Talmud Torah will make all reasonable efforts to reach a parent, guardian, or other emergency contacts. Please list your emergency contacts (**other than a parent/guardian**) below.

Name _____ Name _____

Home _____ Work _____ Home _____ Work _____

Cell _____ Cell _____

Relationship _____ Relationship _____

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES WE SHOULD BE AWARE OF

CONSENT

I authorize Talmud Torah of Minneapolis to obtain emergency medical or dental care after reasonable efforts have been made to contact the identified parent, guardian, or emergency contacts listed. I understand that as the student's parent and/or guardian I will pay any expenses incurred for emergency care provided.

Signed: _____

Date: _____

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CONSENT AND RELEASE FORM

This is a consent form to both inform you and to request permission for your child to be photographed during normal Talmud Torah hours, field trips, or activities. These photographs may be used in print materials (such as grade/class event invitations or to highlight class activities) or on the school website.

If you as a parent or guardian wish to rescind this agreement, you may do so at any time in writing by sending a letter to Debbie Litman, which will take effect upon receipt by the school.

Please check one of the following choices:

- I/we grant permission for a photo/image that includes this student, without any other personal identifiers, to be published on the school website, or any other print materials.
- I/we grant permission for this student's photo and name to be published on the school website, or any other print materials.
- I/we DO NOT grant permission for a photo/image that includes this student to be used on the school website or any other print materials.

This year, Talmud Torah is planning on publishing a directory of family home addresses and phone numbers. **Please select one of the choices:**

- I/we grant permission for Talmud Torah to include our contact information with other families in a directory.
- I/we DO NOT grant permission for Talmud Torah to include our contact information with other families in a directory.

Student's Name (please print): _____ Student's grade: _____

Parent/Guardian Name (please print): _____

Relation to student: _____

Signed: _____

Date: _____

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CLASS SELECTION FORM

Please use the following schedule to compute your total annual fees for your family. We will do our best to accommodate your requests.

CLASS	GRADE	DAYS AND TIMES	TUITION	STUDENT NAME(S)
ELEMENTARY / BET - HEY CLASSES: In an effort to balance both the number of students and class sizes in Bet through Hey, please mark your first preference(s) by placing a check mark in the box(es) below. Parents will be notified as soon as possible if they do not receive their first preference.				
BET	2nd	<input type="checkbox"/> Sunday and Wednesday 9:00 AM-12 PM 4-6:00 PM	<input type="checkbox"/> Tuesday/Thursday 4-6:30 PM	\$ 1,850
GIMEL	3rd	<input type="checkbox"/> Sunday and Wednesday 9:00 AM-12 PM 4-6:00 PM	<input type="checkbox"/> Tuesday/Thursday 4-6:30 PM	\$ 2,545
DALET	4th	<input type="checkbox"/> Sunday and Wednesday 9:00 AM-12 PM 4-6:00 PM	<input type="checkbox"/> Tuesday/Thursday 4-6:30 PM	\$ 2,545
HEY	5th	<input type="checkbox"/> Sunday and Wednesday 9:00 AM-12 PM 4-6:00 PM	<input type="checkbox"/> Tuesday/Thursday 4-6:30 PM	\$ 2,545

MIDDLE SCHOOL / VAV - HET CLASSES				
VAV	6th	<input type="checkbox"/> Monday/Wednesday 6:00-8:00 PM	<input type="checkbox"/> Tuesday/Thursday 4:30-6:30 PM	\$ 2,275
ZAYIN	7th	(only one session available) <input type="checkbox"/> Monday/Wednesday 6:00-8:00 PM		\$ 2,275
HET	8th	(only one session available) <input type="checkbox"/> Wednesday 6:00-9:00 PM		\$ 1,750

*FAMILIES HELPING FAMILIES	
EARLY BIRD DISCOUNT: \$100 PER FAMILY IF RECEIVED BY MAY 24, 2017	
TOTAL DUE	

FRIEND REQUEST (Please list **one** friend you would like us to place your child with, please note: this must be a mutual request in order to be met. We will do our best to accommodate your request) _____

Please feel free to call Debby Litman at 952.381.3306 for questions about class placement or friend requests

FAMILIES HELPING FAMILIES SCHOLARSHIP FUND

Talmud Torah parents have set up a fund for families who need help covering their tuition costs. We hope you will contribute so that we can offer support to others in our community.

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PAYMENT OPTIONS and ENROLLMENT CONTRACT

PARENT/GUARDIAN'S NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE ____/____
STUDENT(S) NAME(S) _____, _____, _____, _____, _____

SCHOOL POLICIES-PLEASE NOTE NEW PAYMENT POLICIES THIS YEAR:

REFUND POLICY: No refunds for tuition or fees will be granted after the first day of the 2017/18 school year.

FINANCIAL RESPONSIBILITY: A signature below indicates an acceptance; morally, ethically and financially, by the parent/guardian of all financial responsibility for tuition and fees as well as compliance with all school policies. It also indicates that these policies have been read and understood.

- In the event of non-payment of financial obligations, it is understood that the parent/guardian will be held responsible for any outstanding balances as well as any additional costs incurred by Talmud Torah, such as filing fees, reasonable attorney charges and collections costs.
- In cases where there are past due balances with the school finance office, it is understood that a student's enrollment will not be processed until satisfactory payment arrangements have been made.

CUSTODIAL AND THIRD PARTY ARRANGEMENTS: In cases of joint custody, each parent is responsible to fulfill all financial obligations unless the school is presented with a legal document verifying a different arrangement. In cases where a third party, such as a grandparent, agrees to pay all tuition and fees, the custodial parent(s) will still continue to be held legally responsible for all financial obligations to the school.

COMPLETED FORMS: It is a family's responsibility to make sure that all required forms are signed, completed and received at Talmud Torah before their student(s) are fully enrolled and able to attend classes in the 2017/18 school year.

This agreement constitutes a binding contract upon acceptance by Talmud Torah. School Policies are subject to change without prior notice.

Parent/Guardian Signature

Date

Authorized Talmud Torah Representative

Date

NOTE: YOU MUST SELECT ONE OF THESE OPTIONS AND PAYMENTS MUST COMMENCE BEFORE YOUR CHILD CAN ATTEND CLASS

Please check one. I agree to pay my total tuition and fee obligation for the 2017/18 school year as calculated on the Registration Form.

Option 1: FULL PAYMENT PLAN- I agree to send payment by check by August 1st for the full amount of _____

Option 2: FULL PAYMENT PLAN- I have included my credit card information below or will call the Talmud Torah office to pay by credit card.
Card Number _____ Exp Date ____/____ V Code _____ (last 3 digits on back of card)
Name as it appears on card _____
PLEASE NOTE: A one-time 2.5 % convenience fee will be added to this transaction.

Option 3: FACTS RE-ENROLLMENT- My family used FACTS Tuition Management last year. I authorize Talmud Torah to re-enroll our family. I understand the FACTS fee of \$38 will be deducted from my bank account as soon as my FACTS agreement is complete.

Option 4: AUTOMATIC WITHDRAWAL MONTHLY- I will be using the automatic withdrawal option. I have attached a copy of a blank check that supplies my bank routing number and account information. If using a savings account, please supply the bank routing number: _____ and account number: _____. This form grants authorization to Talmud Torah of Minneapolis to debit my account on a monthly basis for the charges incurred during that month of service. I understand that my account will be debited on the 1st day of each month.

Account Holder's Name (please print clearly): _____

Account Holder's Signature: _____

Date: _____

FINANCIAL AID PROCESS

I am interested in applying for financial aid to help cover my family's tuition costs. I understand that once I have completed and submitted this registration form, including selecting a payment option, a financial aid email with instructions will be sent to me.

Please be assured that we do not want financial issues to be a burden for any family. Please call Debby Litman at 952.381.3306 with your financial concerns.