

Forms must be completed and returned to [office@templesolel.org](mailto:office@templesolel.org) or mailed to Temple Solel by June 30, 2020

**PARENT/GUARDIAN INFORMATION**

1. Parent/Guardian Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TUITION AND FEES\***

Religious School Grade	Tuition
Little Rakers (3 and 4 year olds, potty trained)	\$500 for The Solel Preschool Members
	\$800
Kindergarten (If a graduate of The Solel Preschool, \$100 discount will be applied)	\$800
1 <sup>st</sup> Grade	\$850
2 <sup>nd</sup> Grade	\$850
3 <sup>rd</sup> Grade	\$850
4 <sup>th</sup> Grade	\$1,150
5 <sup>th</sup> Grade	\$1,150
6 <sup>th</sup> Grade	\$1,150
7 <sup>th</sup> Grade	\$800
8 <sup>th</sup> Grade	\$550
9 <sup>th</sup> Grade	\$550
10 <sup>th</sup> Grade Confirmation Class	\$650
11 <sup>th</sup> Grade	\$550
12 <sup>th</sup> Grade	\$550

**\*School Tuition Policies:** You must be a member of Temple Solel to have your child attend Raker Religious School. Registration is not complete until your annual membership commitment form has been completed and received in the Temple Solel office and all financial obligations are current. Tuition fees are an annual obligation and there are no refunds for early withdrawals.

**STUDENT(S) INFORMATION**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Friend Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Friend Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Friend Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Friend Request: \_\_\_\_\_

## YOUTH GROUP MEMBERSHIP

Youth group membership will entitle your child to discounted JSTY/TSTY events. They will also have the ability to apply for financial aid for NFTY Kallot and youth summer programs. NOTE: We need each Youth Group participant cellphone number for communication on Youth Group activities.

### Youth Groups

### Fees

Youth Groups	Fees
TSTY (9 <sup>th</sup> – 12 <sup>th</sup> Grades)	\$100
JSTY (6 <sup>th</sup> – 8 <sup>th</sup> Grades)	\$25

Participant's Name: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

### Total Fees (Raker Religious School & Youth Group)

(Transfer total amount to Membership Renewal or New Member Form)

\$

## STUDENT(S) EMERGENCY CONTACT (not a parent or guardian)

Emergency Contact 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

## MEDICAL INFORMATION

Does your child have any **allergies or medical conditions** we should be aware of?

Y  N

If yes, please elaborate:

Does your child take any **regular medication**?

Y  N

If yes, please list medication(s):

## SPECIAL LEARNING INFORMATION

Does your child have any specific learning challenges that we should be aware of so we may provide the most effective experience?

Y  N

If yes, please elaborate:

## MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing this Registration Form, I grant authority to any hospital or doctor to provide immediate medical aid for my child's health and safety. I understand that the expense of this service will be my financial responsibility.

## IMMUNIZATION POLICY

In alignment with The Solel Preschool, The Union of Reform Judaism (URJ) and other schools in our community, Raker Religious School at Temple Solel has adopted the following policy: **All enrolled students are required to have up-to-date, age-appropriate immunization as recommended by the Maricopa County Department of Public Health or an Arizona Department of Health Services Medical Exemption Form signed by the child's physician.** NOTE: Our policy does not recognize religious exemptions.

By signing this Registration Form, I acknowledge that my child(ren) have met the requirements and are in compliance with the Maricopa County Department of Public Health for the age-appropriate recommended vaccines or a [Medical Exemption](#) has been signed by the child's pediatrician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date