

Please complete and return forms to [office@templesolel.org](mailto:office@templesolel.org) or mail to Temple Solel

**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
Mazel Tot's (3 and 4 year olds, potty trained)	\$250 for The Solel Preschool Members
	\$400
Kindergarten (If a graduate of The Solel Preschool, \$100 discount will be applied)	\$400
1 <sup>st</sup> Grade	\$900
2 <sup>nd</sup> Grade	\$900
3 <sup>rd</sup> Grade	\$900
4 <sup>th</sup> Grade	\$1,200
5 <sup>th</sup> Grade (NEW! Online Hebrew Program required)	\$1,200
6 <sup>th</sup> Grade	\$1,200
7 <sup>th</sup> Grade	\$850
8 <sup>th</sup> Grade	\$600
9 <sup>th</sup> Grade	\$600
10 <sup>th</sup> Grade Confirmation Class	\$700
11 <sup>th</sup> Grade	\$600
12 <sup>th</sup> Grade	\$600

**\*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) EMERGENCY CONTACT (not a parent or guardian)**

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

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

**MEDICAL INSURANCE INFORMATION**

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

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

Insurance 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.

## STUDENT(S) INFORMATION

<b>Student Name:</b> _____	<b>Hebrew Name:</b> _____	<b>Birthdate:</b> _____
<b>Grade:</b> _____	<b>School:</b> _____	<b>Email address:</b> _____
<b>Gender:</b> _____	<b>Pronouns:</b> _____	<b>Phone number:</b> _____
<b>Student Name:</b> _____	<b>Hebrew Name:</b> _____	<b>Birthdate:</b> _____
<b>Grade:</b> _____	<b>School:</b> _____	<b>Email address:</b> _____
<b>Gender:</b> _____	<b>Pronouns:</b> _____	<b>Phone number:</b> _____
<b>Student Name:</b> _____	<b>Hebrew Name:</b> _____	<b>Birthdate:</b> _____
<b>Grade:</b> _____	<b>School:</b> _____	<b>Email address:</b> _____
<b>Gender:</b> _____	<b>Pronouns:</b> _____	<b>Phone number:</b> _____
<b>Student Name:</b> _____	<b>Hebrew Name:</b> _____	<b>Birthdate:</b> _____
<b>Grade:</b> _____	<b>School:</b> _____	<b>Email address:</b> _____
<b>Gender:</b> _____	<b>Pronouns:</b> _____	<b>Phone number:</b> _____

## 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:

**I GIVE PERMISSION FOR TEMPLE SOLEL AND THE RAKER RELIGIOUS SCHOOL TO USE MY CHILD(REN) PHOTOS ON NEWSLETTERS, COMMUNICATION PIECES, FACEBOOK AND YOUTUBE**  Y  N

## 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