

NAME \_\_\_\_\_

Congregation Kol Ami of Frederick  
Religious School Registration

**Children's Information:**

Full Name (Child 1) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade as of Sept 2018 \_\_\_\_\_ School \_\_\_\_\_

Previous religious school experience \_\_\_\_\_

List any allergies: \_\_\_\_\_

Does your child have an IEP or 504? **Circle one Yes or No**

If Yes, please attach a copy or explanation of concerns and accommodations:

\_\_\_\_\_  
Any additional information we should know about your child's needs, skills, or behavior? \_\_\_\_\_

List any medications your child receives: \_\_\_\_\_

\_\_\_\_\_  
Full Name (Child 2) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade as of Sept 2018 \_\_\_\_\_ School \_\_\_\_\_

Previous religious school experience \_\_\_\_\_

List any allergies: \_\_\_\_\_

Does your child have an IEP or 504? **Circle one Yes or No**

If Yes, please provide a copy or explanation of concerns and accommodations:

\_\_\_\_\_  
Any additional information we should know about your child's needs, skills, or behavior? \_\_\_\_\_

List any medications your child receives: \_\_\_\_\_

\_\_\_\_\_  
Full Name (Child 3) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade as of Sept 2018 \_\_\_\_\_ School \_\_\_\_\_

Previous religious school experience \_\_\_\_\_

List any allergies: \_\_\_\_\_

Does your child have an IEP or 504? **Circle one Yes or No**

If Yes, please provide a copy or explanation of concerns and accommodations:

\_\_\_\_\_  
Any additional information we should know about your child's needs, skills, or behavior? \_\_\_\_\_

List any medications your child receives: \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

**Mother's Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

How often do you check your email? **(circle one)** daily+ weekly rarely

Occupation \_\_\_\_\_ Your Hebrew level? **(circle one)** none some skilled

**Father's Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

How often do you check your email? **(circle one)** daily+ weekly rarely

Occupation \_\_\_\_\_ Your Hebrew level? **(circle one)** none some skilled

Are there any legal or custodial issues the school should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** (Other than PARENT):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Medical Information**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

NAME \_\_\_\_\_

**Religious School Educational Contract**

I understand that the school will provide guidance and materials to facilitate Hebrew and Prayer practice. Each grade has Judaic enrichment and Holiday content.

I understand that CKAF recommends attending synagogue services regularly throughout the student’s enrollment to enhance the student’s learning. I understand that learning Hebrew requires repetition outside of the school setting and that beginning in 3rd grade home practice is expected. Initials \_\_\_\_\_

**On the Path to Bar/Bat Mitzvah**

I understand that preparing my child to become Bar/Bat Mitzvah is a joint effort between the school classroom, Rabbi, and home. I understand that students in 5th, 6th, and 7th grade have a service attendance requirement of a minimum of 6 services in 5th and 6th grade and a minimum of 12 services in the 12 month period preceding the Bar/Bat Mitzvah date. This requirement is in place in order to help the student integrate Hebrew material and become familiar with the service environment.

I understand that compliance with the school’s program, including regular attendance, home practice, and service attendance, is necessary to make reliable progress toward a Bar/Bat Mitzvah.

I understand that 5th grade students will be assessed for mastery of the Hebrew alphabet and initial reading skills. Students will be assigned a Bar/Bat Mitzvah date on the CKAF calendar after successfully passing this assessment. A Bar/Bat Mitzvah fee will be assessed to your account 12 months prior to your child’s event.

I understand that in the event that a student is not making satisfactory progress in 5th or 6th grade, tutoring will be recommended. I understand that it is the parent's’ responsibility to secure and pay for tutoring. Initials \_\_\_\_\_

**Volunteerism**

CKAF is a volunteer-driven organization and in order to keep dues from increasing dramatically and to have the celebrations that congregants want, we ask *each family* to volunteer **at least once** during the year. Enrich your child’s Jewish life by volunteering at every event you would like to have the synagogue undertake. Thank you for your commitment.

- \_\_\_ High Holidays (assist during children’s service)     \_\_\_ Purim Carnival (crafts/games)
- \_\_\_ Sukkah Party (crafts/food)     \_\_\_ Chanukah Party (crafts/food)
- \_\_\_ Passover 2nd Seder     \_\_\_ Substitute Teaching
- \_\_\_ Captain/Help at Shabbat Onegs
- \_\_\_ Class Parent for the school year (assist teacher with class projects, organize class oneg, etc)
- \_\_\_ Hebrew support (interested in tutoring with children one-on-one)

NAME \_\_\_\_\_

Congregation Kol Ami of Frederick

**Religious School - Financial Agreement**

Tuition Charges: List Number of Student/s

_____ Student (Grade 1st - 7th)	\$750 per child	(cost includes \$75 deposit)
_____ Confirmation (Grade 8th-10th)	\$360 per child	(cost includes \$75 deposit)
_____ New Kindergarten	\$ 75 per child	(cost includes \$75 deposit)

*\*All costs subject to budget approval at the Congregational Meeting*

**\*\*Members only** receive a multiple child discount on their tuition charge of 10% if two (2) or more children are enrolled in the 1st-7th program. Kindergarten and Confirmation students are not counted in calculating the enrollment discount due to the minimal charge for these classes.

IF you are not a member of CKAF: I understand that non-member Kindergarten enrollment is a one year option only. Families must apply for membership at the conclusion of that year to maintain enrollment.

Initials \_\_\_\_\_ Member: Y or N

**2017-18 Payment Options:**

**Tuition is due 100%** (less the deposit) as of the first day of class unless payment arrangements are made with the financial secretary. Initials \_\_\_\_\_

If you are a returning family, please be aware that any applications not received by July 1, 2018, will be subject to a \$50/per student late fee. **Any outstanding balance from membership dues and/or the current school year must be satisfied before next year's registration can be accepted.** Please contact the CKAF Financial Secretary at [financialsecretary@kolamifrederick.org](mailto:financialsecretary@kolamifrederick.org) with any concerns or to arrange payment.

I, the undersigned, agree to pay Congregation Kol Ami of Frederick tuition as specified in the enrollment agreement. I understand that if I wish to withdraw my child from the program for any reason, that I must give thirty (30) days notice in writing, and I am responsible for the tuition during the thirty days. Any tuition paid is nonrefundable.

Initials \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

NAME \_\_\_\_\_

Congregation Kol Ami of Frederick Religious School  
Parent Agreement - Release Form

I will update my contact information if it changes. Initials \_\_\_\_\_

In the event of an emergency and I cannot be reached, I give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Congregation Kol Ami of Frederick (employee's, representative or anyone else acting on its behalf) to select a physician and/or authorize medical treatment, including hospitalization, x-ray, laboratory, anesthesia, injection, surgery or any other measures which he/she feels are in the best interest of my son/daughter. I further release from liability and agree to indemnify and hold Congregation Kol Ami of Frederick harmless from any decision made under these circumstances

Initials \_\_\_\_\_

I understand that my contact information will be included on the school roster which could be distributed to all parents and teachers unless I specifically request otherwise in writing before August 1, 2018. Initials \_\_\_\_\_

In the course of congregational activities, CKAF and/or the news media occasionally wish to interview, photograph or videotape adults and/or children and/or make public their names, work or likenesses in print, on tv, radio or by electronic means, such as the internet for the purpose of public outreach and/or advertising. This includes, but is not limited to religious school, KATY events and congregational events. Unless indicated otherwise below, we will assume your permission to do so. CKAF cannot control media coverage of events that are open to the public.

Preferred Printed Name(s) for media

\_\_\_\_\_

\_\_\_\_\_ I do not give permission Signature \_\_\_\_\_

\_\_\_\_\_ I give permission Signature \_\_\_\_\_

Please complete and sign this enrollment form return it along with your deposit of \$75 per child to:

Congregation Kol Ami of Frederick  
182 Thomas Johnson Drive, Suite 204  
Frederick, MD 21702

Forms sent to any other address may delay your child's enrollment. If you have any questions regarding the school or enrollment process, please contact the Director of Religious Education, at [education@kolamifrederick.org](mailto:education@kolamifrederick.org). If you have any financial concerns, please contact the CKAF Financial Secretary, at [financialsecretary@kolamifrederick.org](mailto:financialsecretary@kolamifrederick.org).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_