

Enrollment Agreement 2024-2025

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: \_\_\_\_\_

**Enrollment Agreement 2024-2025**

NAME \_\_\_\_\_

**Parent 1 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

**Parent 2 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 \_\_\_\_\_

Enrollment Agreement 2024-2025

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 Last Night 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)

Use this QR code to sign  
up for religious school  
for 2024-2025 online:

