



2009-2010 Registration Religious School Registration Form

Parent's Name _____
Home Address _____
City, State, Zip _____
Home Phone: _____ Day Phone: _____ Cell Phone: _____
Email Address: _____

What is the best way to contact you: _____

Student Name: _____
Hebrew Name: _____ ben/bat _____
Birthdate: ____/____/____ Grade in Fall: _____ School Attending: _____

Student Name: _____
Hebrew Name: _____ ben/bat _____
Birthdate: ____/____/____ Grade in Fall: _____ School Attending: _____

Student Name: _____
Hebrew Name: _____ ben/bat _____
Birthdate: ____/____/____ Grade in Fall: _____ School Attending: _____

I wish to register the child(ren) named above in the Congregation Kol Ami Religious School for the 2009-2010 academic year. I understand that my tuition and fees are non-refundable.

Signature _____ Date _____

Congregation Kol Ami Membership

I certify that our family is a member of Congregation Kol Ami Initial _____
Non-members of CKA are responsible for a service fee that must be paid in full at time of enrollment (see fee schedule on last page).

Emergency and Release Information

For _____
Names of Children

To the Congregation Kol Ami Religious School Staff: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child(ren) to any of the following:

- 1. Name/Relationship _____ Phone _____
Address _____
- 2. Name/Relationship _____ Phone _____
Address _____
- 3. Name/Relationship _____ Phone _____
Address _____

Medical/Medical Insurance Information:

Carrier _____ Policy _____ Med. Record/ID# _____

I authorize Congregation Kol Ami Religious School Staff and whomever they may designate to take such measures as are reasonable and necessary in providing or obtaining medical and other assistance for my child(ren) in case of illness, injuries or emergencies occurring during Religious School sessions or activities. I understand that I accept all financial responsibility for any medical treatment.

Signature _____ Date _____

We serve food items as snacks during school; please indicate any food allergies your child has on the line provided below:

(Please complete the reverse side of this form.)

Release to Photograph, Video and Record

I, hereby, give my permission for my child(ren) to be included in photographs and videos in the Congregation Kol Ami website and publications for marketing purposes.

Signature _____

Date _____

Release of Information

I, hereby, give my permission for my address, telephone number, email address, and other Religious School class information to be distributed to Congregation Kol Ami Religious School families.

Signature _____

Date _____

Permission Slip/Release from Liability

My child, _____, has permission to leave the Religious School grounds and attend off-site field trips during the Religious School Year.

I understand that my child may be traveling by car to and from the location, and that I will receive advance notice prior to any field trip. For and in consideration of the use of the premises, facilities, amenities and activities conducted by Congregation Kol Ami, or its youth activity programs, I, for myself, and on behalf of my heirs, successors and assigns, as well as personal representatives and family, hereby release, indemnify and hold harmless CKA, its officers, agents, employees, instructors, owners, lessors, and other users of the premises, facilities, amenities and activities, including volunteers/parents/family members, hereinafter referred to as "releasees", from any and all claims, demands, losses, and liability which may be suffered, including but not limited to loss or damage to person or property, or death, whether arising from the negligence of the releasees or otherwise, to the fullest extent allowed by law. This release shall be construed liberally to give full effect to its intent but shall not release any person or entity from their intentional misconduct. In addition to the individual(s) signing below as an adult, if applicable, if said individual is also the parent or guardian of a minor child, this release shall also release all claims as described above that could be brought by or on behalf of such minor child(ren). This release shall not, however, operate to release any insurer, to the extent insurance is available for said loss for any releasee, but only to the extent of the monetary limit of said policy.

Parent/Guardian's Signature

Date

2009-2010 Fee Schedule

One-Time Only Registration Fee (Per Family) \$20.00* (NEW FAMILIES ONLY)

RELIGIOUS SCHOOL:

Fees must be paid at time of registration. CKA provides one set of materials to each student; any lost or damaged items will need to be replaced at your cost.

Tuition:	\$420.00/School Year
Additional Children in Family:	\$370.00/School Year
Non-member Fee	\$630.00*

HEBREW SCHOOL: (Beginning Hebrew School 4th Grade to Pre-B'nai Mitzvah)

Fees must be paid at time of registration. CKA provides one set of materials to each student; any lost or damaged items will need to be replaced at your cost.

Tuition:	\$600.00/School Year
Additional Children in Family	\$550.00/School Year

B'NAI MITZVAH TRAINING:

Fees must be paid at time of registration. CKA provides one set of materials to each student; any lost or damaged items will need to be replaced at your cost.

Tuition:	\$1,000/School Year
Additional Children in Family	\$950.00/School Year

Tuition Payment Options (Please Circle):

1. "In Full" at time of registration.
2. "Three Payment Option" – September 2009, December 2009, and March 2010.
3. "Monthly" Payment Option – Divided over 9 months (September through May).

No member's child(ren) will be refused admission due to inability to pay; for confidential scholarship or financial assistance, please contact David Horowitz, CKA Board Treasurer at treasurer@jewishvancouverusa.org