**TEMPLE MICAH IRVING SELIGMAN RELIGIOUS SCHOOL**

**REGISTRATION FORM - 2016-2017**

**Please complete ALL information and return the form along with your check.**

**PLEASE DROP OFF AT RELIGIOUS SCHOOL THROUGH MAY 24th.**

**After May24th – mail to: Temple Micah, PO Box 6355, Lawrenceville, NJ 08648.**

**Due to the wonderful growth at Temple Micah and the constraints of space at the Presbyterian Church of Lawrenceville, currently enrolled children and their siblings will be guaranteed placement until May 24 th; new students will be accommodated pending class size. Please enroll early!**

Child #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Fall ’16 \_\_\_\_\_\_\_\_ H.S Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Bar/Bat Mitzvah Date (confirmed with Rabbi Roni and Adrienne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies, medical issues or learning challenges that the School needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Fall ’16 \_\_\_\_\_\_\_\_ H.S Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Bar/Bat Mitzvah Date (confirmed with Rabbi Roni and Adrienne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies, medical issues or learning challenges that the School needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Fall ’16 \_\_\_\_\_\_\_\_ H.S Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Bar/Bat Mitzvah Date (confirmed with Rabbi Roni and Adrienne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies, medical issues or learning challenges that the School needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Fall ’16 \_\_\_\_\_\_\_\_ H.S Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Bar/Bat Mitzvah Date (confirmed with Rabbi Roni and Adrienne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies, medical issues or learning challenges that the School needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Information**

Parent/Guardian #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Parent #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Parent #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Parent #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Parent #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Parent #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Parent #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1 Email for School Mailings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #2 Email for School Mailings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Parent/Guardian Information (if necessary)**

Parent/Guardian # 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian # 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Parent #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Parent #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Parent #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Parent #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Parent #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Parent #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

**Contact Information, in the event of an emergency and we are unable to reach you:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Questions**

**\*Would you be willing to help with religious school activities and events as needed?** **Yes No**

**\*Would you like to volunteer as a Class Parent?** **Yes No**

(The class parent will serve as a contact person for the teacher/ rabbi/school administrator, help coordinate Hanukkah and/or Purim, Shavuot class activities, and coordinate end-of-year “thank you” for teachers.)

**\*Would you be willing and able to fill in for a religious school teacher as a paid substitute in the event of an emergency**

**Yes No**

**In the event there is more than one section of class for your child’s grade, are there any other children you would like to have in your child’s class? Please note that we cannot guarantee requests will be accommodated. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any custodial issues that the Religious School needs to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there is anything else you think the Religious School should know about your child? (Please use the back to explain).**

**Fees & Optional Contributions**

To elect to pay by installments, please contact the administrator at jbyrnes.templemicah@gmail.com

$\_\_\_\_\_\_\_\_ **Grades 1-7:**

1st child – $375; 2nd, 3rd & 4th child – $320 each.

$\_\_\_\_\_\_\_\_  **Grades 8-12, HEBREW HIGH SCHOOL (meets 3rd Tuesday of the month, 6:15-8:00 PM)**

 $170 - 1st child; $160 - 2nd,3rd child (Pizza Dinner Provided)

$\_\_\_\_\_\_\_\_\_ **Required Membership***, Check one:* \_\_\_\_\_\_**Family $315** or \_\_\_\_\_\_ **Single Parent $260**.

$ \_\_\_\_\_\_\_\_\_ **Optional Contribution to Presbyterian** **Church of Lawrenceville** - support our host’s building/facilities

$ \_\_\_\_\_\_\_\_\_ **Optional Contribution to Temple Micah General Fund**

$ \_\_\_\_\_\_\_\_\_ **Optional Irving Seligman Religious School**

$ \_\_\_\_\_\_\_\_\_ **Optional Temple Micah Torah Maintenance Fund**

$ \_\_\_\_\_\_\_\_\_ **Optional Temple Micah Memorial Fund**

$ \_\_\_\_\_\_\_\_\_ **Optional Other** (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL ENCLOSED**

**\_\_\_\_\_ Check if you do not want your information included in a Religious School Directory.**

**\_\_\_\_\_ Check here to grant permission for us to use your child’s photo on our website or FaceBook page.**

Children will **NEVER** be identified by name.

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By becoming a member, you will automatically be added to the General Interest email list. By registering for Religious School, you will automatically be added to the Religious School email list. Please indicate any other email lists you would like to be included in:**

\_\_\_\_\_\_\_\_\_ Adult Education \_\_\_\_\_\_\_\_\_Tot/Family Shabbat \_\_\_\_\_\_\_\_\_\_Rosh Chodesh Group

I do **NOT** want to receive General Interest emails, check here. \_\_\_\_\_

I do **NOT** want to receive Religious School emails, check here. \_\_\_\_\_

**Please indicate your interest in any of the following areas:**

\_\_\_\_\_ Ushering High Holy Day Services \_\_\_\_\_ Presenting a Program to the Congregation or Religious School

\_\_\_\_\_ Adult Education/Discussion Group/Trips \_\_\_\_\_ Interfaith Activities \_\_\_\_\_Help with Holiday Celebrations

\_\_\_\_\_ Help with Building the Sukkah \_\_\_\_\_Adult B’nai Mitzvah Classes \_\_\_\_\_ Tot/Family Shabbat Services

\_\_\_\_\_ Community Volunteer Service \_\_\_\_\_ Rosh Chodesh Group

\*If you have any questions/concerns – please contact Rabbi Roni Handler at rabbironi@gmail.com.