



Temple Micah

You have been told what the Eternal One requires of you:
only to do justly, to love mercy, and to walk humbly with your God.

– Micah, 6:8

TEMPLE MICAH IRVING SELIGMAN RELIGIOUS SCHOOL

REGISTRATION FORM 2018-2019

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

PLEASE DROP OFF AT RELIGIOUS SCHOOL THROUGH MAY 22nd.

After May 22nd – 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 22nd; new students will be accommodated pending class size. Please enroll early!

Child #1 _____ Grade/Fall '18 _____ DOB _____

Hebrew Name _____

Bar/Bat Mitzvah Date (confirmed with Temple Micah) _____

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

Child #2 _____ Grade/Fall '18 _____ DOB _____

Hebrew Name _____

Bar/Bat Mitzvah Date (confirmed with Temple Micah) _____

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

Child #3 _____ Grade/Fall '18 _____ DOB _____

Hebrew Name _____

Bar/Bat Mitzvah Date (confirmed with Temple Micah) _____

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

Additional Questions

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.)

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).

P.O. Box 6355 Lawrenceville, New Jersey, 08648 609-921-1128 www.Temple-Micah.org

Parent Information

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Home Phone Parent #1 _____ Home Phone Parent #2 _____

Cell Phone Parent #1 _____ Cell 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: _____

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: _____

Fees & Optional Contributions

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

\$ _____ **Grades 1-7:**
1st child – \$450; 2nd, 3rd & 4th child – \$395 each.

\$ _____ **Grades 8-12, HEBREW HIGH SCHOOL (Meets September – May, dates TBD)**
\$225 - 1st child; \$215 - 2nd, 3rd child (Pizza Dinner Provided)

\$ _____ **Required Membership, Check one:** _____ **Family \$340** or _____ **Single Parent \$285.**

\$ _____ **18 Required Facility Fee per family**

\$ _____ **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 Rabbi Discretionary Fund (NOTE : Donations to the Rabbi Discretionary Fund must be made by separate check made payable to Temple Micah with "Rabbi Discretionary Fund" noted in the memo.)**

\$ _____ **TOTAL ENCLOSED**

Are you a new member to Temple Micah? (please circle one) YES NO

_____ 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.

Returned Check Policy

In the event a check is returned for Insufficient Funds from the bank, we will contact you to determine if the returned check can be re-deposited. If not, we request a money order or cash to cover the returned payment. In addition, a fee of \$18 per returned check will be added onto the amount due to cover bank fees charged to the Temple.

_____ I acknowledge that I have read the Returned Check Policy.

Refund Policy

Membership dues are considered a tax-deductible donation to Temple Micah and cannot be refunded.

Refunds for Religious School tuition may be requested in writing no later than the 4th scheduled week of class, and will be evaluated by the board on a case by case basis. Please direct refund requests to Religious School Director Sue Weiner and include the specific purpose for the request, along with any additional information you would like the board to consider in making a determination of whether a full or partial refund will be issued.

_____ I acknowledge that I have read the Refund Policy.

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 Sue Weiner, Religious School Director, at suweiner30@verizon.net.