



Registration 5780 (2019-2020)

Parent 1 Name:	Parent 2 Name:
Parent 1 Hebrew Name: <input type="checkbox"/> none	Parent 2 Hebrew Name: <input type="checkbox"/> none
Northern Hills Synagogue Member Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD #1	CHILD #2
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
Secular School:	Secular School:
Grade Level:	Grade Level:

5714 Fields Ertel Road, Cincinnati, OH 45249 * Phone: (513) 931-6040 * Fax: (513) 530-2002
 Executive Director: Brian Freedman * ExecutiveDirector@nhs-cba.org
 Assistant Principal: Carol Hershenson * School@nhs-cba.org
 Please complete this form and return it to the address above.

CHILD #3	CHILD #4
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
Secular School:	Secular School:
Grade Level:	Grade Level:

2019-2020 TUITION

Grade	Number of Students	Tuition NHS Members	Tuition non-members	Subtotal
Sparklers Preschool		Donations welcomed	Donations welcomed	
K – Grade 2:		\$600	\$800	
Grade 3 – Grade 7:		\$1000	\$1400	

Total 2019-2020 Tuition: \$ _____

Payment Submitted \$ _____

Non-member families may qualify for tuition at the members’ rate in their first year; please speak to our Principal (School@nhs-cba.org).

Payment Schedule: (Please indicate choice)

- Payment in full before the start of school year.
- ½ of tuition in September, remaining ½ in January
- Quarterly payments – Sept., Nov, Jan., April
- Other: Please check here to arrange a different schedule of payment

Payment can be made by check, made out to Northern Hills Synagogue (“Spark School tuition” in the Memo line), or online through PayPal at <http://www.nhs-cba.org/DuesPay.htm> (again, please note that it is for Spark School tuition)

Fact: Did you know... your tuition covers approximately 50% of the actual cost to educate your children; the balance is subsidized by the congregation through dues and fundraising efforts.

Northern Hills Synagogue is committed to the Jewish education of all our children, regardless of the financial situations of their families. If you do not believe that you can pay the full tuition assessed for your child(ren), please check the box below to receive a confidential Religious School Scholarship Application or write to the Spark School office (school@nhs-cba.org). Only those synagogue financial officers who must deal with the application will see it.

- I request a Religious School Scholarship Application

We are honored that you have chosen The Spark School for Experiential Jewish Learning for your children. We welcome all families and children and are happy to provide a Jewish education to your children regardless of their halakhic status according to the Conservative movement. If your children are not Jewish by either maternal descent or by traditional (halakhic) conversion, please speak to Rabbi Noah Ferro, the rabbi of Northern Hills Synagogue (rabbi@nhs-cba.org), at your earliest convenience.

In enrolling my child(ren), I give the Spark School for Experiential Jewish Learning permission to use my child(ren)'s likeness in promotional material or other synagogue use

Signature of Parent	Date

AUTHORIZED PICK-UP, 2019-2020

The following people (in addition to those listed on the first page) are authorized to pick up my child from the Spark School for Experiential Jewish Learning during the 2019-2020 school year:

Name	Relationship	Phone Numbers (Home & Cell)

I reserve the right to delete any name from this list at any time, thereby withdrawing authorization for any of these parties to pick up my child. I also reserve the right to add any name at any time.

In the event of shared custody, I agree to provide written details of which parties are authorized to pick up our child at designated times. I agree to provide legal documentation for any court-ordered restrictions on who has authorization to pick up my child.

OTHER INFORMATION

Does your child have any type of Special Learning Needs? (Please be specific and explain fully. If you share a copy of an IEP with the Spark School, appropriate privacy protocols will be followed.)

CHILD #1	CHILD #2
Name:	Name:
Special Needs:	Special Needs:
CHILD #3	CHILD #4
Name:	Name:
Special Needs:	Special Needs:

Is there any other information about any of your children that you would like to share with the Director of Education or your child(ren)'s teachers?

Please notify the school in writing if medications are to be taken at school