



Registration 5776 (2015-2016)

Parent 1 Name:	Parent 2 Name:
Parent 1 Hebrew Name: <input type="checkbox"/> none	Parent 2 Hebrew Name: <input type="checkbox"/> none

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

Director of Lifelong Learning: Brian Freedman * brian.z.freedman@gmail.com

Assistant to the Director of Education: Carol Hershenson * Schooladmin@fuse.net

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:

2015-2016 TUITION FOR MEMBER FAMILIES OF NHS-CBA AND KEHILLA ALUMNI

Grade	Number of Students	Tuition	Subtotal
Gan Mishpacha		FREE!	
K – Grade 2:		\$400	
Grade 3 – Grade 7:		\$725	

Total 2015-2016 Tuition: \$ _____

Payment Submitted \$ _____

Payment Schedule (Please indicate choice):

- Payment in full before the start of school year
- Quarterly payments – Sept, Nov, Jan, April
- ½ of tuition in September and ½ in January
- Other: Please explain

The Spark School for Experiential Jewish Learning 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 or call the synagogue office (513) 931-6040). Only those synagogue financial officers who must deal with the application will see it.

- I request a Religious School Scholarship Application

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

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Signature of Parent

Date

AUTHORIZED PICK-UP, 2015-2016

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 2015-2016 school year:

Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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Name	Relationship	Phone Numbers (Home & Cell)
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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).

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