

**Congregation Emanu El's School for Jewish Living**  
**Student Registration Form/Emergency Card 2020-2021 / 5781**  
**1495 Ford Street, Redlands, CA 92373**  
**Office (909) 307-0400**

**STUDENT REGISTRATION INFORMATION – 2020-2021**

**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION**

Student's First Name	Middle Name	Last Name
Date of Birth	Hebrew Name	Student's Nickname
Student's E-Mail		Student's Cell Phone Number
Student's Public/Private School	School Grade	SJL Grade

**PARENT INFORMATION**

**Please Circle One:** Child(ren) live(s) with:

Both parents      Mother      Father      Other: \_\_\_\_\_

Mother/Guardian's Name	Father/Guardian's Name
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Home Address	Home Phone
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Mother: Cell Phone	Work Phone	E-mail Address
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Father: Cell Phone	Work Phone	E-mail Address
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If your child lives in two households, please complete the following:

Second residence with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Home Address	Second Home Phone
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Please share any pertinent information regarding custody, pick-up restrictions, or any other important family situations on page 4 of the registration form. Thank you!

### **STUDENT EMERGENCY MEDICAL INFORMATION**

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Student's First Name

Middle Name

Last Name

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Physician's Name

Telephone Number

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Describe Any Medical Issues or Allergies (Continue on separate sheet if needed)

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Insurance Name

Membership #

Group #

Employer

### **FIRST AID AND EMERGENCY AUTHORIZATION**

In case of injury or illness of a child while involved in classes and activities at the School for Jewish Living of Congregation Emanu El, every effort is made to contact parent(s)/guardian(s). In the event of a minor or mild injury or illness, I authorize first aid to be given and for over the counter medications to be administered to my child, unless otherwise stated below:

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In the event of a life-threatening emergency, or if we are unable to reach the parents, a guardian or emergency contacts listed above, I hereby grant permission to the Congregation Emanu El staff or their appointed representative to seek medical attention for my child, \_\_\_\_\_. I further consent to any medical or surgical treatment for my child recommended by any licensed physician or hospital. I permit the administration of necessary anesthetics, medical treatments, tests, transfusions, injections, or drugs and the performance of whatever operation may be necessary or advisable. I authorize removal and transportation of my child to a hospital or emergency medical center if necessary (ambulance, etc.). I further agree to be responsible for all charges incurred concerning such care and treatment.

This authorization shall remain in effect from August 23, 2020 until and including June 30, 2021.

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Parent/Guardian Signature

Today's Date

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Student's First Name

Middle Name

Last Name

### **STUDENT(S)' EMERGENCY CONTACT**

Please list two (2) people (other than parents/guardian) authorized as emergency contacts.

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Full Name	Relationship
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Home Phone	Work Phone	Cell Phone	Email Address
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Full Name	Relationship
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Home Phone	Work Phone	Cell Phone	Email Address
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### **STUDENT'S PERMISSION FOR FIELD TRIPS**

My child(ren) has/have permission to attend educational field trips sponsored by Congregation Emanu El's School for Jewish Living. I understand that all travel will be by bus or private cars and accompanied by adults. All drivers will have provided evidence of insurance. I release Congregation Emanu El from all responsibility during said field trips. In the case of behavior deemed unacceptable to the adult leaders, parent(s)/guardian(s) will be contacted and participation in future field trips will be at the discretion of the Director of Education and the Rabbi of Congregation Emanu El.

This authorization shall remain in effect from August 23, 2020 until and including June 30, 2021.

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Parent/Guardian Signature	Today's Date
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### **PERMISSION TO INCLUDE CHILD'S PICTURE ON OUR WEB SITE**

From time to time, the congregation will photograph school events and place these photos on our congregational web site. I give my permission for my child's picture to be on the Congregation Emanu El web site in the context of synagogue/school events. I understand that no names will be included with the pictures.

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Parent/Guardian Signature	Today's Date
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**CONFIDENTIAL INFORMATION**  
**FOR USE BY MARCELA LAVI, DIRECTOR OF EDUCATION**

IMPORTANT: Are there any issues that may affect your child's learning experience in the School for Jewish Living about which we should know? For instance: vision and/or hearing impairment, learning challenges or disabilities, current family situations, recent family death, changes in family status, custody issues, medications, allergies, illness, sports or arts programs, transportation issues, etc. Please indicate below these concerns or kindly contact Marcela Lavi directly to discuss these or other matters.

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**FOR TEMPLE OFFICE USE ONLY**

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Family Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**RELIGIOUS SCHOOL TUITION**

**If registration fees are a financial hardship, please contact Chief Financial Officer, Kathleen Rosenfeld to discuss alternative arrangements. Any prior SJL fees must be paid in full before new registration is accepted.**

**Synagogue membership is a requirement** for families who enroll their children in the School for Jewish Living. If you have questions about enrollment or tuition, please contact Marcela Lavi, Education & Youth Director.

The operation of the School for Jewish Living costs much more than the amount collected from tuition payments. Most congregations around the country, as well as in the Inland Empire, charge larger school fees to cover a larger portion of the costs of school operations. Most congregations charge anywhere from \$500 up to \$2000 or more per student for tuition. Congregation Emanu El shows its dedication to Jewish learning and the future of the Jewish people by offsetting the cost of an SJL education.

Because of Congregation Emanu El's dedication to Jewish learning, our school fees this year are only **\$425.00 per child**, with a **\$25.00 discount** for each additional child enrolled. This fee includes all instruction and materials for our Sunday (K'tanim through 9<sup>th</sup> Grade). This fee does not include retreat weekends, youth group activities, or some field trip expenses. Confirmation class fees will be due at a later date.

**1<sup>st</sup> Child:** \_\_\_\_\_ **X \$425.00 =**

**No. of Students/Children:** \_\_\_\_\_ **X \$400.00 =**

**Total Payment Due: \$** \_\_\_\_\_

**Three ways to pay:**

**Option 1:** Full Payment by **Aug 23, 2020** – a **5% discount** may be taken for payment in full.

**Option 2:** Enrolled in four (4) auto-payments withdrawn monthly from your checking account starting **Sept. 25, 2020** and completing **Dec 25, 2020**. *(Please complete the Auto Pay form on the next page)*

**Which Option works best for you?** \_\_\_\_\_

Many families in our community have been hit by the economic down turn our country is experiencing. As a result, even this nominal fee can be difficult. As the principle of *G'milut Chasadim* teaches us, anonymous tzedakah and acts of loving kindness are in a special class to themselves. If you are able and choose to, donations can be made to assist those in need with their tuition.

***To make a donation so others may attend our religious school program, send a contribution to the Tuition Assistance Program c/o Congregation Emanu El. Please contact the School Office for more information.***

**Congregation Emanu El Automated Payment of 5781 (2020-2021)**  
**School for Jewish Living (SJL) Fees**  
(A new form is required each year)

**Option #2**

---For automated withdrawal of SJL fees from your Checking Account---

I hereby authorize payment to Congregation Emanu El, Redlands of my SJL fees to be paid in monthly installments for the period: **Sept 25, 2020, to Dec 25, 2020**, in the amount of \$\_\_\_\_\_ per month from my checking account. **(Total fee divided by 4)**

I understand that the money after the initial payment will be debited from my checking account on the 25<sup>th</sup> of each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN IT TO  
CONGREGATION EMANU EL NO LATER THAN AUGUST 23, 2020:**

Checking Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_