

***Kehillath Israel Religious School***  
**2011-2012/ 5772**

**All families with children birth to 12<sup>th</sup> grade please complete this form**  
**Even if you do not plan to enroll your child(ren) in KIRS, this information will help keep you connected to youth and family programming all throughout the year.**

**Child 1 Information**

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First Name	Middle Name	Last Name
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Child's Hebrew Name (if known): \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

**As of September 2011 child will be attending:**

Day Care \_\_\_ Pre School \_\_\_ Name of program \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

Name of school and grade \_\_\_\_\_

**Child has previously participated in a Jewish educational program (check all that apply)**

Pre School \_\_\_ Name of program \_\_\_\_\_

Jewish Day Camp or Overnight Camp \_\_\_ Name of program \_\_\_\_\_

Day School \_\_\_ Name of school and last grade completed \_\_\_\_\_

Religious School \_\_\_ Name of school and last grade completed \_\_\_\_\_

**Child 2 Information**

\_\_\_\_\_

First Name	Middle Name	Last Name
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Child's Hebrew Name (if known): \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

**As of September 2011 child will be attending:**

Day Care \_\_\_ Pre School \_\_\_ Name of program \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

Name of school and grade \_\_\_\_\_

**Child has previously participated in a Jewish educational program (check all that apply)**

Pre School \_\_\_ Name of program \_\_\_\_\_

Jewish Day Camp or Overnight Camp \_\_\_ Name of program \_\_\_\_\_

Day School \_\_\_ Name of school and last grade completed \_\_\_\_\_

Religious School \_\_\_ Name of school and last grade completed \_\_\_\_\_

**Child 3 Information**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Child's Hebrew Name (if known):

\_\_\_\_\_  
Child's Birth Date

**As of September 2011 child will be attending:**

Day Care \_\_\_ Pre School \_\_\_ Name of program \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

Name of school and grade \_\_\_\_\_

**Child has previously participated in a Jewish educational program (check all that apply)**

Pre School \_\_\_ Name of program \_\_\_\_\_

Jewish Day Camp or Overnight Camp \_\_\_ Name of program \_\_\_\_\_

Day School \_\_\_ Name of school and last grade completed \_\_\_\_\_

Religious School \_\_\_ Name of school and last grade completed \_\_\_\_\_

**Child 4 Information**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Child's Hebrew Name (if known):

\_\_\_\_\_  
Child's Birth Date

**As of September 2011 child will be attending:**

Day Care \_\_\_ Pre School \_\_\_ Name of program \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

Name of school and grade \_\_\_\_\_

**Child has previously participated in a Jewish educational program (check all that apply)**

Pre School \_\_\_ Name of program \_\_\_\_\_

Jewish Day Camp or Overnight Camp \_\_\_ Name of program \_\_\_\_\_

Day School \_\_\_ Name of school and last grade completed \_\_\_\_\_

Religious School \_\_\_ Name of school and last grade completed \_\_\_\_\_

**Child 1 Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, please notify \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any medical issues (including allergies)

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In case of emergency, I give permission for the Director of Congregational Learning or her designee to call my child's doctor or take my child to the hospital to receive appropriate emergency treatment. I understand that every attempt to contact me will be made.

Please describe your child's learning style and needs. If your child has an IEP or receives educational support in school please provide a copy of your child's most recent IEP. (Attach additional sheet if needed.)

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**Child 2 Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, please notify \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any medical issues (including allergies)

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In case of emergency, I give permission for the Director of Congregational Learning or her designee to call my child's doctor or take my child to the hospital to receive appropriate emergency treatment. I understand that every attempt to contact me will be made.

Please describe your child's learning style and needs. If your child has an IEP or receives educational support in school please provide a copy of your child's most recent IEP. (Attach additional sheet if needed.)

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**Child 3 Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, please notify \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any medical issues (including allergies)

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In case of emergency, I give permission for the Director of Congregational Learning or her designee to call my child's doctor or take my child to the hospital to receive appropriate emergency treatment. I understand that every attempt to contact me will be made.

Please describe your child's learning style and needs. If your child has an IEP or receives educational support in school please provide a copy of your child's most recent IEP. (Attach additional sheet if needed.)

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**Child 4 Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, please notify \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any medical issues (including allergies)

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In case of emergency, I give permission for the Director of Congregational Learning or her designee to call my child's doctor or take my child to the hospital to receive appropriate emergency treatment. I understand that every attempt to contact me will be made.

Please describe your child's learning style and needs. If your child has an IEP or receives educational support in school please provide a copy of your child's most recent IEP. (Attach additional sheet if needed.)

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**Parent / Guardian Information**

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

KI Member \_\_\_\_\_ Non-member \_\_\_\_\_

**Parent 1 Name** \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

***Kehillath Israel Religious School***  
**2011-2012/ 5772**  
**Program Registration**

Please complete this form to indicate the program(s) in which you are enrolling your child(ren). Each family needs to complete only one form. If you need assistance selecting the appropriate options, please contact Rabbi Rachel Silverman, Director of Congregational Learning, at [rabbirachel@congi.org](mailto:rabbirachel@congi.org) or through KI's main office.

Program	Dates/Times	Member Tuition	Non-Member Tuition	Child's Name
Gan (Kindergarten Age)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	660.00	990.00	
Gan (Kindergarten Age)	Shabbat only	330.00	480.00	
Alef (First Grade)	Shabbat 9:30-11:45 AM & Thursdays 3:15-5:30 PM	660.00	990.00	
Alef (First Grade)	Shabbat only	330.00	480.00	
Bet (Second Grade)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	660.00	990.00	
Bet (Second Grade)	Shabbat only	330.00	480.00	
Hebrew Intensive (Grades 3 and Up)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	990.00	1,485.00	
Hebrew Intensive	Shabbat only	480.00	750.00	
Dalet (Fourth Grade)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	990.00	1,485.00	
Dalet (Fourth Grade)	Shabbat only	480.00	750.00	
Hey (Fifth Grade)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	990.00	1,485.00	
Hey (Fifth Grade)	Shabbat only	480.00	750.00	
Vav (Sixth grade)	Shabbat 9:30-11:45 AM & Thursday 3:15-5:30PM	990.00	1,485.00	
Vav (Sixth Grade)	Shabbat only	480.00	750.00	
<b>**B'nei Mitzvah Seminar</b>	Dates and times TBA			

**\*\* The B'nei Mitzvah Seminar** is for all students becoming Bar/Bat Mitzvah between September 2011 and August 2012. Students planning to become Bar/Bat Mitzvah at Congregation Kehillath Israel are expected to attend Prozdor Hebrew High School in seventh grade, and the B'nei Mitzvah Seminar beginning one year prior to their Bar/Bat Mitzvah.

**USY: United Synagogue Youth**

Program	Member Tuition	Non-Member Tuition	Child(ren's) Name(s)
Kadima: Grades 4-6	60.00	80.00	
Junior USY: Grades 7-8	60.00	80.00	
Senior USY: Grades 9-12	60.00	80.00	

***Kehillath Israel Religious School***  
**2011-2012/ 5772**  
**Program Registration**

**Private Tutoring:** One of the goals of the Hadran Education Program is to provide the best and most appropriate educational experience for each student and his/her family. Please indicate which, if any, of the following are of interest to you and the Director of Congregational Learning will contact you to discuss tutoring options and fees.

	Program
	Enhancement Tutoring (private or small group tutoring for a student who is participating in the regular class program.) Dates/Times/Tuition to be determined.
	Supplemental Tutoring (private or small group tutoring for a student who is participating in a modified class program.) Dates/Times/Tuition to be determined.
	Private Tutoring (individual tutoring for students who are unable to participate in a classroom program.) Dates/Times/Tuition to be determined.

**Registration form and a non refundable deposit of 50% is due on or before August 15, 2011. Tuition balance is due the first day of classes. Checks should be made out to KI Religious School. Checks and forms should be mailed to Congregation Kehillath Israel, 384 Harvard St., Brookline, MA 02446, Attention: KIRS.**

*Please note that financial assistance is available. Please contact Rabbi Rachel Silverman, Director of Congregational Learning, if you wish to discuss financial assistance options.*