



Meitin Alliance for Growth And Learning
(MAGAL)
A Collaborative Religious School by Temple Israel and Temple Shir Shalom

Registration for 2018-2019 School Year

Student's Name _____ Student's Date of Birth _____

Student's Hebrew Name _____ Student's Grade in School _____

Student's Email Address _____

Parent 1 Name _____ Parent 1 Cell Phone _____

Parent 1 Email Address _____ Parent 1 Alternate Phone _____

Parent 1 Address _____

Parent 2 Name _____ Parent 2 Cell Phone _____

Parent 2 Email Address _____ Parent 2 Alternate Phone _____

Parent 2 Address _____

Names/ages of siblings _____

Emergency Contact Name _____ Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Health Insurance/Policy #/Phone _____ / _____ / _____

Please list any allergies or health concerns (please use space on backside, if needed)

Are there any special circumstances that your child's teacher needs to be aware of to best meet your child's needs? (i.e. gifted, ADD/ADHD, SLD, health or emotional challenges.) Please explain, using space on backside, if needed.

Please help us to get to know your child. Let us know of ways in which we can optimize your child's learning in class. How does your child best learn? What motivates your child? What work-around might we use in more difficult subjects or situations? (Please use space on backside, if needed.)

We are members of: Temple Israel Temple Shir Shalom

I certify that all information is accurate.

Parent Signature _____ Date _____



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Tuition for 2018-2019 School Year

Tuition for the 2018-2019 school year is \$375 for students in K-2nd and \$525 for students in 3rd-7th grades. Classes are held Sundays 9am-12:30pm for all students and Wednesdays 5pm-6:30pm for 3rd-7th grades (Wednesdays are optional for Temple Shir Shalom students). In order to enroll in MAGAL, a membership in either Temple Israel or Temple Shir Shalom is required. Bar/Bat Mitzvah candidates must be enrolled in MAGAL.

Tuition Payment Options (please select one):

- Option #1 (preferred) – Pay in full by August 1st
- Option #2 (half) – Pay ½ by August 1st and ½ by December 1st
Two payments of \$262.50 for grades 3-7 or two payments of \$187.50 for grades K-2
- Option #3 (monthly) – Pay \$125 per child at registration and make monthly payments
Eight equal payments due the 15th of each month September through April at
\$50/month per student in grades 3-7 or \$31.25/month per student in grades K-2

Credit Card Payments – Please obtain the required credit card authorization form from your synagogue when choosing to pay by credit card.

I understand that a minimum deposit of \$125 must accompany my registration form and that my child(ren) will not be allowed to enter the class until payment arrangements have been met.

Parent Signature

Date

Please remit payment with completed registration form to your member synagogue no later than August 1st unless prior financial arrangements have been made.

Temple Israel members please make checks payable to MAGAL & mail to: MAGAL c/o Kris Crane
50 S Moss Road
Winter Springs, FL 32708

Temple Shir Shalom members please make checks payable to Temple Shir Shalom & mail to:
Temple Shir Shalom c/o Laurie Levine
P.O. Box 623182
Oviedo, FL 32762



RELEASES

Permission is hereby given for _____ to participate in all activities of MAGAL, Temple Israel, and Temple Shir Shalom. The undersigned, individually and as legal guardian, hereby releases MAGAL, Temple Israel, and Temple Shir Shalom, its agents, representatives and employees for any acts or omissions which cause or result in injury to the aforementioned child occurring at religious school, outings or going to or from outings, irrespective of cause. Furthermore, MAGAL, Temple Israel, and Temple Shir Shalom are given express authority to seek and obtain any and all emergency medical treatment for or on behalf of my child for any injury sustained at school.

We often have activities that warrant photographing or videotaping which may be used for publicity in our bulletin, on our website, the local newspapers and other media. We also distribute classroom contact information so that our families may stay in touch with each other outside of class. By signing below, I give permission for pictures to be taken of my child and to be used for publicity.

Parent Signature _____ Date _____

PARENT VOLUNTEERS

We are looking for parents to help with projects throughout the year. Please indicate which areas you would be willing to assist with this school year:

- Room Parent
- Challah Baking
- Shabbat Dinner Preparation
- Art Projects
- Sewing Projects
- Advertising/Marketing (social media)
- Tzedakah Project
- Tu B'Shvat Tree Sales
- Purim Carnival Committee