

**Congregation Ner Shalom  
Dor Hadash Registration 2009-2010**

Please complete one form (two pages) for each student

Student's English Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Hebrew Name \_\_\_\_\_ School \_\_\_\_\_

Parent(s) contact information

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Name(s)	home phone	e-mail(s)
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Address	City	Zip
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Name(s)	home phone	e-mail(s)
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Address	City	Zip
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**Tuition**

\$1500 for 6/7 class - includes Dor Hadash classes, fieldtrips, B'nai Mitzvah fee

\$750 for 6/7 class - includes Dor Hadash classes, fieldtrips

\$450 for pre K-5 classes

\$350 for post B'nai Mitzvah Talmud class (15 classes)

Celebrations - no charge, although donations are welcome

There is a \$100 registration fee per student in the pre K-7 classes, due by September 5, 2009. Please make all checks payable to Ner Shalom, with Dor Hadash in the memo line.

Will you be applying for a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarship money is available, through a grant from the Jewish Community Federation, and if you check yes, a scholarship form will be sent to you.

**Congregation Ner Shalom  
Emergency Contact Information**

Student name \_\_\_\_\_

Best contact information for family in case of emergency

Alternate contacts (in the event of an emergency when I/we cannot be reached, we authorize the following people to be contacted or to pick up my/our child.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Policy/ID# \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Special Dietary needs: \_\_\_\_\_

Any other allergies, illnesses or medical/health issues that Dor Hadash needs to be aware of:

**Authorization for medical treatment during the 2009-2010 school year:**

I authorize Congregation Ner Shalom to call physician or to seek emergency room treatment for my/our child in the event of an emergency and agree to be responsible for any costs incurred.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization for field trips during the 2009-2010 school year:**

My child has permission to be transported by private car, with an insured adult driver, in order to participate in any Dor Hadash events or special activities with her/his class or a member of a group. I understand that I/we will receive notification of when and where any field trips are to take place.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date