

*The Religious School of Temple Kol Ami*

ENROLLMENT FORM 2012-2013/5773

Child's full name: \_\_\_\_\_  
(first) (middle) (last)

Hebrew name: \_\_\_\_\_ Name Preferred to be called: \_\_\_\_\_  
(Script or English translation)

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, ZIP Code)

School Child Currently Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Are parents: married separated divorced? (Please circle)

Please list names and ages of other children in the home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list 3 adults, other than parents, who are responsible contacts in the event of an emergency. \*

Name	Relationship	Contact Phone Numbers/Email
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list names and contact information of people to whom we may release your child (with proper I.D.).\*

Name	Relationship	Contact Phone Numbers/Email
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\*Unless otherwise noted, these people will also be listed on our school's Alert Now list. This list is to provide information based on school closings, etc.

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Tell us about your child. (Use more paper as needed)

How he/she best learns:

His/her knowledge of Judaic studies:

His/her knowledge of Hebrew:

Any challenges, disabilities, allergies, and medical conditions we should be aware of: (Please include food allergies.)

His/her interests, hobbies, and talents:

*The Religious School of Temple Kol Ami*

Parent Volunteer Form

The Religious School of Temple Kol Ami, like Kol Ami itself, is a volunteer organization. It only survives with your help.

Please indicate where you think your talents would be best utilized:

- Bringing needed items to class for crafts, projects, etc.
- Helping with a classroom wish list
- Snacks
- Pick-up / drop-off assistance
- Field trips
- Fundraisers
- Holiday events, parties
- Classroom clean up
- Other \_\_\_\_\_

Please provide your contact info below:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*The Religious School of Temple Kol Ami*

TUITION AGREEMENT 2012-2013/5773

\*Families must be paid members of Temple Kol Ami for children to attend religious school. (Please see membership agreement)

Parents' Names: \_\_\_\_\_

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

(Street)

\_\_\_\_\_  
(City, State, ZIP Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Name of 1<sup>st</sup> Student \_\_\_\_\_ @ \$250.00

Plan to Mitzvah?\* Yes No Undecided

Name of 2<sup>nd</sup> Student \_\_\_\_\_ @100.00

Plan to Mitzvah?\* Yes No Undecided

Name of 3<sup>rd</sup> Student \_\_\_\_\_ @ \$100.00

Plan to Mitzvah?\* Yes No Undecided

*\*Additional fees for B'nai mitzvah to be determined, individually, at a later date.*

+ \$50.00 Registration Fee (New students only)

Total Tuition Due: \_\_\_\_\_

I agree to all fees and dues associated with the Religious School of Temple Kol Ami for the school year beginning 9/2012 and ending 5/2013. I agree all tuitions and fees must be paid in full by 9/1/2011, unless other arrangements have been made in advance.

Please print and sign below.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

*The Religious School of Temple Kol Ami*

LIABILITY RELEASE FORM 2011-2012/5772

SPONSORED BY TEMPLE KOL AMI, 2879 HWY 160 #4677, FORT MILL, SC 29708

*Print or type all information clearly. This form is required for attendance and should be used along with any other liability form required. Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. One form must be completed for each student/parent volunteer.*

Participant's Full Name \_\_\_\_\_

M/F \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*The undersigned do hereby release, forever discharge and agree to hold The Religious School or Temple Kol Ami harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if participant is under 18, or 18 and older) while attending religious school and activities sponsored by such. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's and/or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and grant permission is hereby given to furnish all necessary transportation and food for the undersigned and/or participant (if participant is under 18, or 18 and older). I(we) release The Religious School of Temple Kol Ami and Temple Kol Ami the above named and the site organization(s) of all responsibility and consequences that may arise as a result of injury suffered and resulting treatment. The undersigned further hereby agree to indemnify and hold The Religious School of Temple Kol Ami and Temple Kol Ami and the site organization(s) and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older). If participant is now and will be under 18 years of age at the time mentioned above:*

*I (We) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. I also give my permission for CPR and first-aid to be administered if deemed necessary. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all responsibility and transportation costs. Through me, the minor agrees to abide by all rules and regulations stated by The Religious School of Temple Kol Ami and Temple Kol Ami, the site organization, and the staff.*

*I(We) give permission for images (If participant is under 18, or 18 and older) captured during the above activity through video, photo, and digital camera, to be used solely for the purpose of The Religious School of Temple Kol Ami and Temple Kol Ami's website, Facebook sites, and promotional material and publications, and waive any rights of compensation or ownership thereto. I agree that minors' names will not be listed without my consent.*

*This form MUST be signed by ALL participants under 18 and ALL participants 18 and older*

*Father's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Mother's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Legal Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

*Participant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Emergency Contact* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Emergency Contact* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Emergency Contact* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Doctor's Name* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Preferred Hospital* \_\_\_\_\_

*Current Medications* \_\_\_\_\_

*Allergies or Other Medical Concerns* \_\_\_\_\_

*Insurance Company* \_\_\_\_\_ *Policy #* \_\_\_\_\_

*(One Form MUST be completed for each Student or parent volunteer)*