

**DANIEL ROTHMAN RELIGIOUS SCHOOL**  
**Congregation Kol Shalom**  
1909 Hidden Meadow Lane, Annapolis, MD 21401  
**2010-2011 School Registration Form and Tuition Schedule**

Date: \_\_\_\_\_

STUDENT NAME 1: \_\_\_\_\_ Sex: M/F AGE: \_\_\_\_\_  
Grade for Year 2010-2011: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
STUDENT'S HEBREW NAME: \_\_\_\_\_

STUDENT NAME 2: \_\_\_\_\_ Sex: M/F AGE: \_\_\_\_\_  
Grade for Year 2010-2011: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
STUDENT'S HEBREW NAME: \_\_\_\_\_

STUDENT NAME 3: \_\_\_\_\_ Sex: M/F AGE: \_\_\_\_\_  
Grade for Year 2010-2011: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
STUDENT'S HEBREW NAME: \_\_\_\_\_

STUDENT NAME 4: \_\_\_\_\_ Sex: M/F AGE: \_\_\_\_\_  
Grade for Year 2010-2011: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
STUDENT'S HEBREW NAME: \_\_\_\_\_

**FAMILY INFORMATION:**

Member of Kol Shalom \_\_\_yes \_\_\_no

If parents are divorced/separated please indicate where calls/e-mails should be directed:  
Both \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Parent 1: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail: \_\_\_\_\_

Parent 2: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail: \_\_\_\_\_

GRANDPARENTS/SPECIAL FRIENDS:

Grandparents'/Special Friends Names \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Grandparents'/Special Friends Names \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

SIBLING INFORMATION: (Please list all siblings, ages, grades)

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

EMERGENCY CONTACT INFORMATION;

In Case of Emergency (if unable to reach parent), please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pediatrician Name and Phone #: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

In Case of Emergency, I hereby authorize the Director of Education or Teacher to call my physician or to take my child to the hospital to receive any and all appropriate emergency treatment. Signature: \_\_\_\_\_

Allergies (please specify student):

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

Medical Concerns (please specify student):

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

In order to create a positive learning and social experience for each child in our school, and in determining the learning needs of our school as a whole, it is helpful to have information on the special needs of each child. Please circle and /or comment on any of the items below that apply to your child (ren) (please specify which child if there is more than one.) All information will be kept confidential to the Ed. Director, the teacher and school office.

Visual Impairment \_\_\_\_\_  
Hearing Impairment \_\_\_\_\_  
Physical Disability \_\_\_\_\_  
Attention Issues \_\_\_\_\_  
Autistic Spectrum \_\_\_\_\_  
Reading Issues \_\_\_\_\_  
Speech/Language Issues \_\_\_\_\_  
Other Behavioral Issues \_\_\_\_\_  
Other Learning Disability \_\_\_\_\_  
Low Frustration Tolerance \_\_\_\_\_  
Other \_\_\_\_\_

Please schedule an appointment to meet with the Education Director and/or teacher prior to the start of class if it would be helpful to discuss any special needs or circumstances that might affect your child's learning experience.

**MEDIA RELEASE;**

I hereby authorize Daniel Rothman Religious School and Congregation Kol Shalom to use pictures of my child(ren) taken at DRRS or Congregation Kol Shalom events in videos, newsletters, publicity or marketing for the school or synagogue. I understand that my child's full name will not appear in any publications or videos, and these pictures will not be used for any other purpose other than to promote DRRS or Congregation Kol Shalom.

Parent Signature \_\_\_\_\_

REGISTRATION:

I have completed registration and enclosed the registration fee of \$50 for each child I wish to enroll (paid before July 1, 2010.) \_\_\_\_\_

I have completed registration and enclosed the registration fee of \$100 for each child I wish to enroll (paid after July 1, 2010). \_\_\_\_\_

I have read the Tuition Policy and Payment Schedule, and I understand that I may only enroll my child as a non-member for our first year. (Not applicable for students that are within 1 year of their scheduled Bar/Bat mitzvah – see enrollment policy for details.) For subsequent years, we must become members of Congregation Kol Shalom in order to enroll in the school. \_\_\_\_\_

I have enclosed full tuition payment for each child registered. \_\_\_\_\_

I have enclosed 50% of all tuition charges for each child registered. \_\_\_\_\_

I understand that 50% of all tuition charges are due by August 15, 2010, and I understand that Balance of all tuition charges are due by December 1, 2010, and I understand that there will be a \$10 late fee accrued for every month that a payment is delinquent. \_\_\_\_\_

Signature of Parents: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_