

Daniel Rothman Religious School
 at Congregation Kol Shalom: 1909 Hidden Meadow Lane Annapolis, MD 21401
Family Registration – Always Due by June 10

Parent Information: How are we to reach you for regular emails and updates? Include only the parent(s) that want to be included in regular communication. Please write neatly:

Parent name:	Parent name:
Email:	Email:
Cell:	Cell:
Child #1 (name and grade for Fall start)	Child #2 (name and grade for Fall start)
Child #3 (name and grade for Fall start)	Child #4 (name and grade for Fall start)

<u>DRRS Tuition:</u> First child's yearly tuition (includes Kol Shalom family membership)	\$2,300
<u>Additional children's yearly tuition:</u> # of additional siblings _____ X \$600 =	
<u>Fees:</u> <ul style="list-style-type: none"> • Any child who is enrolling for their FIRST YEAR at DRRS will need a supply box = <u>\$36/ea.</u> (returning children will continue to use their old boxes) • Every child re-enrolling after June 15 adds a "headache fee" of <u>\$50/ea.</u> (All ordering for the next school year is done prior to June 15, so this adds significant work when re-enrolling late.) 	 _____ _____
<u>Total:</u> Kol Shalom will collect tuition in <u>10 monthly payments</u> from August through May. You may choose to write a check, keep a credit card on file, or use PayPal via our KS website. We generally collect between the 10 th and 15 th of each month. Please let us know how you choose to make payments: _____ (if paying by credit card on file, we will reach out in August to update this info.) If you need financial assistance or to make other arrangements, please reach out to Allison Charapp (cell: 443-871-4126 or allison@kolshalomannapolis.org); we will always work with you to make this process easy and supportive. Kol Shalom/DRRS will never turn a family away seeking a Jewish education for their children; it is our sincere honor and joy to be able to provide a safe, happy, engaging experience for all our students as they grow into their Jewish identity.	Donation to Tuition Assistance Fund: _____ Total: _____ 10 payments of _____
<input type="checkbox"/> <u>IMAGE RELEASE:</u> I, the undersigned, do hereby grant to Kol Shalom, including its staff, board members, representatives, volunteers, and agents, the absolute right and permission to use my child's photograph in its promotional materials and publicity efforts. NOTE that we NEVER attach a child's name to their photograph.	

Parent's Signature: _____ **Date:** _____