



# TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County  
CARLSBAD, CALIFORNIA

## 2020-2021 Religious School Registration Form\*

*Please submit a separate set of forms for each child*

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Student's Hebrew Name \_\_\_\_\_ (ben/bat) \_\_\_\_\_  
Secular School \_\_\_\_\_

### **Circle Below the Religious School Grade for Your Child**

(Based on Grade in September 2020 in secular school)

K 1st 2nd 3rd 4th 5th 6th 7th

### **Emergency Contact & Medical Consent**

Parent 1 Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_  
Parent 2 Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_  
Parent 1 Address \_\_\_\_\_ City, Zip \_\_\_\_\_  
Parent 2 Address (if different) \_\_\_\_\_ City, Zip \_\_\_\_\_

#### ***In the event of an emergency, when I am not available, please contact:***

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

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

My child is taking the following medication: \_\_\_\_\_

Special needs to be aware of in rendering treatment are: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

***\* Enrollment in Temple Etz Rimon Religious School is available only to families who are members of Temple Etz Rimon.***



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## Consents and Releases

### Consent to Medical or Dental Treatment

In the event of sudden illness, accident, or injury that may occur while my minor child is engaged in an activity supervised by Temple Etz Rimon representatives or employees, I hereby give my consent and authorization to Temple Etz Rimon and its authorized agents to obtain emergency medical care or treatment for my child (including diagnostic procedures, surgical, and medical and dental treatment and blood transfusions) that any physician or dentist, as applicable, licensed under the laws of the State of California deems in their professional judgment to be necessary.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Photo/Video Release

I hereby irrevocably consent to and authorize the use by Temple Etz Rimon of any and all photographs, video, voice recordings, or other media, including any reproduction of them in any form in any media whatsoever and any derivative works thereof (collectively, the "Images"), taken of my child during participation in Youth Group programs, for Temple Etz Rimon's promotional material, publications, and any other publicity and marketing purposes. I hereby waive any rights I may have of compensation or ownership thereto and release and discharge Temple Etz Rimon and its employees, representatives, and authorized agents from any and all claims, actions, suits, or demands of any kind or nature whatsoever, in connection with the use of Images and the reproduction thereof.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Consent to Include Information in Directory

I hereby grant Temple Etz Rimon permission to include my child's name, address, phone number, and email address in a directory or roster, which Temple Etz Rimon may share with other students in the Youth Group or school and their families.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Vaccination Status

Given the overriding Jewish value that puts a premium on maintaining health, including taking preventive measures, along with the clear public health based need to protect the Temple Etz Rimon community as a whole (including those who are immunocompromised or below vaccination age), we expect that all those who participate in Religious School or youth programs at Temple Etz Rimon have age-appropriate vaccines recommended by the American Academy of Pediatrics and the Centers for Disease Control, unless they are exempt for a documented medical reason. For Temple Etz Rimon, as with the Union for Reform Judaism, this is not an issue of individual rights or choice, but of public health and policy. To discuss this Immunization Policy further, please contact the Director of Education. **Please sign below to affirm that your child meets Temple Etz Rimon's Vaccination Policy. If your child falls under the exception for documented medical reason, please provide documentation from their doctor.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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**Please complete the tuition worksheet below:**

Tuition includes classes, books and all materials needed for participation

## ANNUAL SCHOOL TUITION

| <i>Student Grades</i>   | <i># of children</i> |   |                       |             |
|---|----------------------|---|-----------------------|-------------|
| Children in Kindergarten-1st  |                      | @ | \$360                 | = \$        |
| Children in 2nd through 3rd Grades  |                      | @ | \$720 each            | = \$        |
| Children in 4th through 7th Grades  |                      | @ | \$1,200 each          | = \$        |
|   |                      |   | <b>Total Due</b>      | <b>= \$</b> |
| <i>Enclosed amount must be at least 50% of total tuition due to hold class placements</i> |                      |   | <b>Total Enclosed</b> | <b>= \$</b> |
|   |                      |   | <b>Balance Due</b>    | <b>= \$</b> |

**EARLY BIRD REGISTRATION DISCOUNT: IF A 50% DEPOSIT IS RECEIVED BY JULY 1, 2019, TUITION BALANCE WILL BE REDUCED BY \$100.00.**

**Tuition payments are nonrefundable**

*Please make check payable to:*

Temple Etz Rimon  
2020 Chestnut Avenue  
Carlsbad, CA 92008  
(760) 929-9503

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*If you have extenuating financial circumstances or need to discuss a payment plan, please contact the Temple Etz Rimon Office (760) 929-9504 or email [etzrimonpresident@gmail.com](mailto:etzrimonpresident@gmail.com)*