Temple Concord Religious School Registration Form
9 Riverside Drive, Binghamton, NY 13905
Phone: (607) 723-7355 Fax (607) 723-0785

Religious School Fees

In order to attend religious school, school fees must be paid prior to start of school. Please contact Temple Concord office (607) 723-7255 or Orly Shoer at oshoer@binghamton.edu if you need to make alternate arrangements. You can pay by mailing a check or by credit card.

Grade	Tuition
Tot Shabbat	Free
Grades K-2 (Shabbat classes)	$330
Grades 3-6 (Includes Shabbat and Hebrew classes)	$580
Grade 7 (Includes Shabbat, Hebrew school and Bar/Bat Mitzvah Tutoring)	$745

Student's Full Name ______________________________________ Date of Birth ______________
Student's Hebrew name _______________________________________
Public School ____ Grade __________________

Parent/Guardian 1

Name: _____________________________ E-Mail ____
Home Address____
Home Phone _______________ Work Phone ________________ Cell Phone __________________

Parent/Guardian 2

Name: _____________________________ E-Mail ____
Home Address____
Home Phone _______________ Work Phone ________________ Cell Phone __________________

☐ I agree ☐ I do not agree that my child may be photographed for promotional reasons such as newspaper articles, calendars, brochures, our webpage etc.

Parent's/Guardian's Name ___________________ Signature __________________ Date ________

MEDICAL EMERGENCY TREATMENT AUTHORIZATION

Person(s) to be contacted in case of emergency if parents or guardians **cannot** be reached:

Name: ____Phone # ________________

Name: ____Phone # ________________

Child's Physician _____________________________________ Phone # ________________

Child's Dentist _______________________________________ Phone # ________________

Hospital Preference ______________________________

Are there restrictions for medical care? ____

I understand that if (child's name) _________________________________ should ever need emergency medical treatment due to an accident, illness or any other reason, that every effort will be made to contact me, but if I am unavailable, and the persons identified above cannot be reached, I hereby authorize the Principal or Rabbi of Temple Concord Religious School to secure emergency treatment for my child. I further consent to the medical treatment rendered by (preferred physician's name and phone #) ____ or in the event the designated physician is not available, by another licensed physician.

Name of Insurance Carrier _________________________ Policy Number ________________
Name of primary insured ____

Our school is committed to providing a Jewish education, so each child can achieve the best of his or her ability. Please help us by providing the following information about your child. All information will be kept confidential.

Are there any important educational or medical needs we should know about your child?

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Signature of Parent or Guardian ______________________________ Date ________________