



Temple Concord Religious School Registration Form for 2021-2022

9 Riverside Drive, Binghamton, NY 13905

Phone: (607) 723-7355 Fax (607) 723-0785

Shalom,

Our first day of Shabbat School is on Saturday, September 11; and our first day of Hebrew school is on Tuesday, September 13. Timely registration is essential in order to determine the needs at each grade level. Please submit the registration and medical forms by Thursday, September 2.

I am attaching the forms in doc and pdf format. You can write or type the information on the forms, email them back to me or mail them to Temple Concord.

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	Nonmembers
Tot Shabbat	Free	Free
Grade pre-Kindergarten/Kindergarten (meets twice a month)	\$165	\$215
Grades K-2 (Shabbat classes)	\$330	\$430
Grades 3-6 (Includes Shabbat and Hebrew classes)	\$580	\$680
Grade 7 (Includes Shabbat, Hebrew school and Bar/Bat Mitzvah Tutoring)	\$745	\$845
Grades 8 – 10 (Kollel and Confirmation classes)	\$330	\$430

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 _____ Date of Last Tetanus _____

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?

Signature of Parent or Guardian _____ Date _____