

Date received: _____
 New student this year: YES NO
 Family new to Sinai Temple: YES NO

Sinai Temple Religious School
Registration 2009-2010
 10400 Wilshire Blvd. Los Angeles, CA 90024
 (310) 481-3271 fax 943-5414

MEMBER NUMBER _____

PARENT'S INFORMATION

FATHER'S NAME _____
 Last First
 ADDRESS _____
 Street

 City Zip
 PHONE _____
 Residence Business

 Cell Phone **E-MAIL ADDRESS (REQUIRED)**
 Marital Status: M D W S _____
 Occupation _____

MOTHER'S NAME _____
 Last First
 ADDRESS _____
 Street

 City Zip
 PHONE _____
 Residence Business

 Cell Phone **E-MAIL ADDRESS (REQUIRED)**
 Marital Status: M D W S _____
 Occupation _____

STUDENT INFORMATION:

NAME	BIRTHDATE	M/F	SCHOOL NAME	GRADE SEPT. 2009

PLEASE LIST ALL SIBLINGS IN FAMILY, BOTH ENROLLED AND NOT ENROLLED IN STRS, WITH THEIR AGES:

1.	Age:	2.	Age:	3.	Age:
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CLASS SCHEDULE

Sunday 9:30 a.m. - 12:30 p.m. - Wednesday 4:00 p.m.- 6:00.p.m. - STARS SHABBAT 10:00 a.m. - 12:00 p.m.

Please circle the appropriate grade level and days your child will attend:

- Pre-K – 2 Sundays/month
- *Kindergarten – S
- Kindergarten – S/W
- *1st Grade – S
- 1st Grade – S/W
- *2nd Grade – S
- 2nd Grade – S/W

- 3rd grade
 - 4th grade
 - 5th grade
 - 6th grade
 - 7th grade
- } 3rd -7th grade
 Sun/Wed. required plus
 STARS Shabbat once a month
- N'VONIM-Students with day school experience and/or advanced students-must be tested for admission.

TUITION-PAID IN FULL:	Tuition	TUITION 2009-2010 Security Fee	TOTAL
PROGRAM			
* One day a week	\$925	+ \$100	\$1,025
Two days a week-SW	\$1,210	+ \$100	\$1,310
Pre-K class-2 Sun per month	\$600	+ \$100	\$700
N'vonim Wed.(s) and 6 Sun.(s)	\$1025	+ \$100	\$1,125

REGISTER BEFORE MAY 1, 2009 AND RECEIVE \$100.00 DISCOUNT

- These fees include books, supplies, refreshments, & field trips for each student.
- There are no prorates available for partial Religious School registration. Full tuition must be paid for all students, regardless of the time of year they begin school.
- Please note that a credit card may be used only if payment is made in full. There is a \$50.00 processing fee for all credit card charges.

Payment by _____ Choose one: Visa MC AMEX
 Card# _____ Expiration Date: _____ Total Amount _____
 Signature _____ Date _____

I agree to pay annual membership dues when billed in addition to these registration fees. I further understand there will be no refunds of Religious School fees (once 30 calendar days of the school year have elapsed, security fee and \$100.00 is not refundable after initial payment is made). There are no refunds for Religious School.

Signature: _____ Date _____