

# Temple Judah Religious School

## Registration Form 2024

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Information:**

**Parent/Guardian 1**

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Landline: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2**

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Landline: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Name & Number:** \_\_\_\_\_

Children attending Religious School:

Names:	Birthdate	Grade	Enrolled in Hebrew? (X)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FEES**

	Fee per family	Fee per student	X Number of students	Total
Religious School Registration	\$200*			
Religious Under 4		\$75		
Hebrew Registration		\$100		
Confirmation Class		\$120		
<b>TOTAL DUE</b>				
Donation to Religious School				
<b>TOTAL AMOUNT ENCLOSED</b>				

\*a scholarship fund is available if someone is in need.

Temple Judah  
 ATTN: Religious School Registration  
 3221 Lindsay Lane SE  
 Cedar Rapids, IA 52403