Temple Judah Religious School

Name of Parent(s) or Guardian(s): _____

Address: _____

Contact Information:

Parent/Guardian 1	**Parent/Guardian 2**
Work: _____	Work: _____
Cell: _____	Cell: _____
Landline: _____	Landline: _____
Email: _____	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		
TOTAL DUE				
Donation to Religious School				
TOTAL AMOUNT ENCLOSED				

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

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