**South Hills Jewish Community High School**

**Student Registration Form for 2016-2017 (5777)**

**for Temple Emanuel of South Hills students**

**Grades 8 – 10; Monday evenings 6:30 – 8:30**

|  |  |  |
| --- | --- | --- |
| **Parent or Guardian** | **Home/Work Phone:**  | **Cell Phone:** **May we send you a text message?** Yes [ ]  No [ ]  |
| **Address:**       | **E-mail Address** |

|  |  |  |
| --- | --- | --- |
| **Parent or Guardian** | **Home/Work Phone:**  | **Cell Phone:** **May we send you a text message?** Yes [ ]  No [ ]  |
| **Address:**       | **E-mail Address** |
| **With whom does child reside?** **[ ]  Both Parents** **[ ]  Father** **[ ]  Mother**  **[ ]  Legal Guardian** |

**Emergency Contact (other than a parent):**

|  |  |  |
| --- | --- | --- |
| **Name:**       | **Relationship:**       | **Phone:**       |
| **Name:**       | **Relationship:**       | **Phone:**       |

**LIST CHILDREN TO BE REGISTERED: Please fill in all spaces below. Use an additional form if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| **Student’s Name** |       |       |       |
| **Student’s Hebrew Name** |       |       |       |
| **Student’s Birthday**  |       |       |       |
| **Male or Female** |  |  |  |
| **2016-2017 Grade in School** |       |       |       |
| **Public School Name** |       |       |       |
| **Student’s Email Address** |       |       |       |

      By initialing here, I am granting South Hills Jewish Community High School, including Temple Emanuel and Beth El Congregation, permission, to use my child(ren)’s picture, captured during regular and special events through photographic, video, or digital media, for promotional and educational purposes on the websites of Temple Emanuel and Beth El and in other publications. Children are never named in such photographs.

      I understand that participation in the South Hills Jewish Community High School includes physical activity including Gaga. By initialing here, I give my consent for my child to participate in these activities, including their normal and inherent risks.

      By initialing here, I am giving the South Hills Jewish Community High School permission to share the information I’ve provided with my child(ren)’s teacher.

*If you have indicated that your child(ren) has a serious medical condition, please make certain any emergency medicine is left in the Education Office with precise instructions signed by you.*

If I cannot be reached in the event of an emergency, I give my permission to the physician selected by our South Hills Jewish Community High School staff to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child(ren).

Doctor’s Name:       Phone #:

***Parent or Guardian signature:*** ***Date:***

**Tuition Fees: Temple Emanuel Members: $500 Unaffiliated Teens: $750\*\* Confirmation Fee: $200**

*\*\*The unaffiliated rate is only available for teens whose families have not been members of a South Hills synagogue at any time during the past 3 years.*

*All registration forms are due* ***AUGUST 1, 2016****.* Tuition may be paid in full or in six monthly payments, August-January. Form should be accompanied by payment.

*Please note*: The South Hills Jewish Community High School tuition is heavily subsidized by Temple Emanuel, Beth El and other Community Partners. Without these subsidies, tuition costs would be approximately $1000 per student. Please help us meet the cost of educating your child(ren) with an **additional voluntary contribution.** Thank you.

|  |  |  |
| --- | --- | --- |
| **Student’s Name:**       | **Grade:**       | **Tuition Fee:** |
| **Student’s Name:**      | **Grade:**       | **Tuition Fee:** |
| **Student’s Name:**       | **Grade:**       | **Tuition Fee:** |
|  |  | **Voluntary Contribution:** |
|  |  | **Total Due:**      |
|  |  | [ ] **Tuition Enclosed\*** [ ] **Bill my Account\*: [ ] Full Amount**  **[ ] 6 Installments****[ ] Charge my credit card on file****(Card will be charged in Aug and Nov)** |

**\*\*Should you need to request financial assistance for SHJCHS tuition, please contact Leslie Hoffman, Executive Director at 412-279-7600 or** **lhoffman@templeemanuelpgh.org** **.**

**For office use only: Date rcd**       **Amt rcd**       **Check #**       **Bal Due**       **ID#**       **Initials**