

# Pearl Sutton Religious School at Congregation Geshher L'Torah Educating From Generation To Generation

## Enrollment Form 5769-5770 /2009-2010

Rebecca Gordon, Director  
4320 Kimball Bridge Road, Alpharetta, 30022  
(770)777-4009

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### Family Information

A 10% sibling discount will apply on the lowest tuition(s) when more than one child enrolls.

Student's Name \_\_\_\_\_ Sex M F  
Hebrew Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade as of 9/09: \_\_\_\_\_  
Regular School Attending \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex M F  
Hebrew Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade as of 9/09: \_\_\_\_\_  
Regular School Attending \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex M F  
Hebrew Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade as of 9/09: \_\_\_\_\_  
Regular School Attending \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex M F  
Hebrew Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade as of 9/09: \_\_\_\_\_  
Regular School Attending \_\_\_\_\_

Has this information changed? \_\_\_ yes \_\_\_no *Please circle updated information.*

Parent(s) Names \_\_\_\_\_

Complete Mailing Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_ Subdivision (for carpooling) \_\_\_\_\_

Email Address \_\_\_\_\_

**All Religious School materials/ teacher correspondences will be sent to the above e-mail address.**

Home Phone Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell Phone Mother \_\_\_\_\_ Father \_\_\_\_\_

Are you currently a member in good standing of Congregation Geshher L'Torah Yes No

Office use only:
____ RS Treasurer
____ RS Director

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**TUITION PAYMENT OPTIONS – This form must be sent in with your registration form.**

**Please select your tuition payment options. Checks or credit cards accepted -NO CASH.**

*You must currently be a member in good standing to register your child(ren) for grades third grade and above.. Your registration will be accepted once all previous financial obligations have been fulfilled or arrangements have been made with the Treasurer.*

To receive the member tuition discount, you must be a member in good standing for the 2009-2010 GLT membership year.

Student(s) name(s): \_\_\_\_\_

(Please initial one choice)

- 1. \_\_\_\_\_ **One Payment** (You will be invoiced for the entire amount, your payment is due 8/1/09.)
- 2. \_\_\_\_\_ **Two Payments** (You will be invoiced two times; payments are due 8/1/09 and 12/1/09.)  
#3 option will not be accepted without prior approval from the Treasurer.
- 3. \_\_\_\_\_ **Other: Please call Joy Turner, Bookkeeper to discuss other payment options.**

Please Note:

**All 6<sup>th</sup> and 7<sup>th</sup> grade payments must be paid in full by the start of school (Sept. 2009)**

**Credit Card information (MC or Visa only please):**

Credit card number \_\_\_\_\_ expiration date \_\_\_\_\_

This authorizes Gesher L'Torah Religious School to charge my credit card for the total tuition amount for my family per my payment option selected above. Your \$50 tuition deposit per child will be charged at registration time and the remainder will be charge according to your payment option. **A 3% convenience fee will be added for each payment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**PLEASE NOTE:** Turning in this form after June 1, 2009 or without payment will not disqualify your child(ren) from enrollment; however after June 1, 2009 you will not be eligible to qualify for “pre-enrollment” savings.

I understand that a \$50\* check for each student’s registration must accompany this completed form in order to qualify for the enrollment rate. Please mail your completed registration form, emergency contact form, your tuition payment option form and your check made out to: Gesher L'Torah Religious School, 4320 Kimball Bridge Road, Alpharetta, GA 30022

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form with your registration.**

\* The \$50 will be applied towards tuition; however, it is non-refundable.

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Family ID: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

Health Notes: (allergies): \_\_\_\_\_

Special Needs: Please inform us of any special considerations your child(ren) may require, or any special learning needs they may have. This information will be kept confidential, but will be given to their teacher(s) in order to provide your child with the modifications needed for optimal learning.

**In Case of Emergency Contact:**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Friend/Relative who can be reached in case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Ph: \_\_\_\_\_

As our current policy does not provide for health and emergency coverage, parents will be responsible for medical emergency and health situations involving their child. In case of an accident or emergency, I want Congregation Geshher L'Torah to follow this procedure:

1. Contact parent or emergency contact (if parent is unavailable)
2. If parent or emergency contact cannot be reached or if injury is life threatening, take the child to

\_\_\_\_\_  
(emergency facility)

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

(If there is a court order regarding custody of this student, it must be filed in the synagogue office and kept current.)

**Permission for Field Trip Transportation and Photography:**

I, \_\_\_\_\_, allow for my child/ children named above to be transported for field trips. I will have advance notice of any field trips that may occur during the 2009-20010 school year.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, allow for my child/ children named above to be photographed at Religious School and Religious School events, including field trips. The pictures may be used by Congregation Geshher L'Torah for educational purposes and/ or congregation advertising.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_