



# Har Shalom Religious School

## 2009-2010 Religious School Registration Form



11510 Falls Road \* Potomac, Maryland 20854  
 301-299-7087 x 228      [religiousschool@harshalom.org](mailto:religiousschool@harshalom.org)

List each of your children attending Har Shalom Religious School & fill in all the spaces for each child registered. **K thru 2 meets on Sunday.** Grades 3 - 7 meet Sunday & Tuesday. Grades 8-10 meet Sunday evenings. Students in grades 3-7 are required to attend 10 Shabbat services per year.

Student's Full Name	Hebrew Name	Birth Date	09/10 Grade & Secular School Name
_____	_____	_____	_____/_____/_____
_____	_____	_____	_____/_____/_____
_____	_____	_____	_____/_____/_____

**Parent/Guardian 1:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phones: (H) \_\_\_\_\_  
           (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phones: (H) \_\_\_\_\_  
           (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
 Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_

- ❖ Placement is on a first-come first-served basis
- ❖ You must be a member of Har Shalom for Grades 3-7
- ❖ Please note: no application will be processed if your synagogue account is not current and we do not have your credit card authorization form

*Please mail or drop off this Registration Form & Fees to:*

Har Shalom Accounting Office  
 11510 Falls Road  
 Potomac, MD 20854

- Yes, I/We would like to volunteer
- I can be a substitute teacher

Check any conditions or concerns that apply:

- Allergies     Medications
- Food Restrictions     Special Learning Needs

### 2009-2010 RELIGIOUS SCHOOL FEES

Class Description	Tuition	+	Activity Fee	X	# Attending	=	Cost
Grades K-2 (Sun)	\$750	+	\$115	X	_____	=	_____
Grades K-2 (Sun, <i>Non-member</i> )	\$1045	+	\$115	X	_____	=	_____
Grades 3 - 7 (Sun/Tues)	\$1175	+	\$115	X	_____	=	_____
<b>KESHER:</b>							
Grades 8 - 10 (Sun evening)	\$670	+	\$165	X	_____	=	_____ (includes dinner)
Grades 11 & 12	\$330	+	\$115	X	_____	=	_____

Total # \_\_\_\_\_ Total Cost \_\_\_\_\_

**TOTAL ENCLOSED** \_\_\_\_\_

Make checks payable to Har Shalom Religious School.  
 You will receive a school confirmation of placement once we receive your credit card authorization form.

**For Office Use Only:** Credit Card Authorization Form Received (date): \_\_\_\_\_