



Inda Posner Religious School of Congregation Agudas Achim

Re-Enrollment Form 2023 – 2024

1. Student Information (*complete one per child*):

Child's first name: _____ Child's last name: _____

Child's Full Hebrew name: _____ Birth date: _____ Male Female

Secular school: _____ Grade (Fall) 2023 - 2024: _____

Child's Phone Number: _____ Child's Email: _____

2. Re-Enrollment Questions

MEDICAL INFORMATION:

Child and parent's address did **NOT** change? Yes No _____

Food Allergies / Intolerance did **NOT** change? Yes No _____

Allergies and/or medical conditions did **NOT** change? Yes No _____

Medications did **NOT** change? Yes No _____

In the event of emergency, do you give us your permission to call an ambulance? Yes No

GENERAL LEARNING PROFILE: *Please note that confidentiality will be respected at all times.*

Does your child receive any academic services in their regular school environment (IEP, GT, ARD, etc.)? Yes No

Does your child take medication during the school day to assist with learning needs? Yes No

If yes, the Education Director will call you to discuss how Agudas Achim can best support your child in the religious school learning environment (paperwork does NOT need to be submitted).

Please include in writing, anything else you would like us to know about your child (likes or dislikes, areas of strength or weakness, significant changes at home that your child has experienced in the past year, etc.).

PARENT/GUARDIAN #1:

Name (first, last): _____ Cell #: (_____) _____

Email address: _____ (IPRS emails will be sent to this address)

PARENT/GUARDIAN #2:

Name (first, last): _____ Cell #: (_____) _____

Email address: _____ (IPRS emails will be sent to this address)

Emergency Contacts remained the same (name and number)? Yes No _____ Are your emergency contacts also authorized to pick up your child? Yes No

PERSON (S) AUTHORIZED TO PICK UP MY CHILD (other than parent/guardians):

1. Name (first, last): _____ Phone numbers: _____

2. Name (first, last): _____ Phone numbers: _____

2023 – 2024 Payment Form

To receive the **EARLY BIRD DISCOUNT** of \$50 per student, complete the registration & payment forms and submit a **\$250 non refundable deposit** per student by June 24th, 2023. The \$250 deposit applies to the total Tuition/Fee per student due, and is subtracted to get your remaining balance due.

To apply for **partial scholarship**, registration form, scholarship request form, and a partial deposit must be turned in no later than August 1st, 2023 to Rosa Jonasz: r.jonasz@agudas-achim.org

<i>Grade Level</i>	<i>Early Bird Fee</i>	<i>Regular Fee</i>
K – 2nd grade	\$600	\$650
Grades 3 – 5	\$1,085	\$1135
Grade 6	\$1,160	\$1210
Grade 7	\$1,085	\$1135
Grade 8 - 10th	\$600	\$650

TOTAL DUE FOR ALL STUDENTS = \$ _____

DEPOSIT (DUE AT TIME OF REGISTRATION)

Number of students registered: _____ X \$250 = \$ _____

(Subtract the deposit that you pay now from total due to get remaining balance due, enter below)

REMAINING BALANCE DUE (Total Due less Deposit) = \$ _____

Payment Options

TODAY Please Bill My: _____ Credit Card, _____ ACH, _____

Check provided For a Total of: \$ _____ (must include minimum of \$250 per student)

If applicable

Charge my: _____ Credit Card or _____ ACH, for the remaining balance of 4 equal payments indicated below

<i>First Payment</i>	<i>September 1, 2023</i>	\$
<i>Second Payment</i>	<i>October 1, 2023</i>	\$
<i>Third Payment</i>	<i>November 1, 2023</i>	\$
<i>Fourth Payment</i>	<i>December 1, 2023</i>	\$

Card Number: _____ Exp. Date: _____

Name On Card: _____ Billing Zip Code: _____

For ACH Debit, routing account number from check submitted today will be used for subsequent payments unless alternate voided check is provided

Date: _____ Payment Authorization Signature: _____

IPRS Scholarship Fund Please consider making a tax deductible donation to assist other IPRS families with their religious school tuition. If able, indicate the amount of your contribution here. It will be added as a donation to your Agudas Achim bill.

Thank you \$ _____