

# Inda Posner Religious School of Congregation Agudas Achim Registration Form 2010-2011

Page 1 to be completed for each student attending, Page 2 – 3 complete one per family.

## 1. Student Information (complete this page for each student):

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Religious background  Jewish  Non-Jewish Conversion date (if applicable): \_\_\_\_\_

Secular school: \_\_\_\_\_ Grade in 2009-2010: \_\_\_\_\_

Did the student attend Inda Posner Religious School in 2009 - 2010?  Yes  No

If No, where did the student attend and for how many years? \_\_\_\_\_

Student attending/has attended Jewish Day School?  Yes  No, last year attended: \_\_\_\_\_

I allow my child to walk home alone from Agudas Achim  Yes  No

I allow my child to leave the school building for field trips with adult drivers:  Yes  No

## 2. Medical Information & General Learning Profile:

### MEDICAL INFORMATION:

Please inform us of any **allergies and/or medical conditions** that may impact your child during school hours:

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Medications: \_\_\_\_\_

\*Food Allergies / Intolerance (only list those w/ medical implications) and reaction: \_\_\_\_\_

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Are there any special medical conditions, concerns, or limitations to prevent your child's full participation in school/learning?  Yes  No, please explain:

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

Does your child have any type of special learning needs?  Yes  No

Does he/she receive any special services for secular school, such as special education classes, resource room pullout program, or other services?  Yes  No

If yes, please explain \_\_\_\_\_

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Is there 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.)? If so, *Please explain on back.*

**Complete one per Child**

## 2. Family Information (*One per family*)

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

May we include in our directory: child's & parents' names, home phone & address?  Yes  No

May we include in our communication (website, Kolenu) your child's picture?  Yes  No

### PARENT/GUARDIAN #1:

Name (first, last): \_\_\_\_\_

Email address: \_\_\_\_\_ **Is email frequently checked?**  Yes\*  No

\*Please note that marking "yes" means that all school communication will be sent by email

Religious background:  Jewish  Non-Jewish Conversion date (if applicable): \_\_\_\_\_

Agudas Achim Member?  Yes  No Occupation: \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

*Fill in the following if different than child:*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT/GUARDIAN #2:

Name (first, last): \_\_\_\_\_

Email address: \_\_\_\_\_ **Is email frequently checked?**  Yes\*  No

\*Please note that marking "yes" means that all school communication will be sent by email

Religious background:  Jewish  Non-Jewish Conversion date (if applicable): \_\_\_\_\_

Agudas Achim Member?  Yes  No Occupation: \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

*Fill in the following if different than child:*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 3. Other Contact Information:

### EMERGENCY CONTACT (other than parent/guardian(s) listed above):

1. Name (first, last): \_\_\_\_\_

Phone numbers: \_\_\_\_\_

2. Name (first, last): \_\_\_\_\_

Phone numbers: \_\_\_\_\_

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

Are your emergency contacts authorized to pick up your child?  Yes  No

1. Name (first, last): \_\_\_\_\_ Phone numbers: \_\_\_\_\_

2. Name (first, last): \_\_\_\_\_ Phone numbers: \_\_\_\_\_

**Please inform us of any special arrival or dismissal arrangements for your child (carpool, bus company, JCC, special needs, etc.):**

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**SIBLINGS: (list only those not registered at IPRS)**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION ON  
THE NEXT PAGE**

## REGISTRATION / PAYMENT INFORMATION & POLICIES

### Catch the Early Bird & Save

Completed registration & payment forms turned in by **Friday, July 2, 2010 will receive a \$50 early bird discount per student.** Please note that payment without the forms **does not** qualify for the early bird discount as we must have both payment **AND** paperwork on file. The payment due for the early bird discount is the \$250 per student non refundable deposit (this applies toward your total payment).

### Early Bird Registration

Registering early allows us to be better prepared for the fall. Based on registration, supplies and books need to be ordered in advance. Classes need to be formed and teachers need to be in place. Your assistance with early registration is very much appreciated.

### Registration Schedule

Early Bird Registration	\$50 per student discount	thru July 2, 2010
Regular Registration	NO discount	July 3 – 31, 2010
Late Registration	\$25 late fee per student	Starting Aug. 1, 2010

### Our New Payment Form

To make the form user friendly (we hope), Fees and Tuition have been combined to create one Tuition /Fee Schedule. See the 2010-2011 Payment Form.

### Fees are included with the Tuition (i.e.: registration, supplies, activity, snack, PTO, security, etc.)

- We will not ask for money during the year (except the Shabbaton) to pay for supplies, snacks, or programming. Your fee money is used to purchase workbooks, updated textbooks, school supplies, art supplies, food / snacks, updated teaching resources, security guard during Sunday classes, etc.
- Your PTO receives \$20 from the fee money for each student. This covers the Hanukkah party, end of the year party, Passover programming, mensch and Shabbat rewards, and more. Again, please note that we do not ask for money throughout the year and we offer great programming. Every family is a member.
- By collecting costs/fees up front for snacks, confirmation, 6<sup>th</sup> grade Kiddush, programming, etc. we save a large amount of man-hours and are able to plan in advance, this saves money.
- Please provide us with your current e-mail address; we can eliminate postal mailings and the expense.

### Method of Payment of Full Tuition / Fees

- Please select one of the following: (1) cash (2) check / ACH or (3) credit card. You may pay in 1, 2 or 5 payments. ACH debit and credit card payments (after initial payment of fees) will start on September 1, 2010 and will continue on the 1<sup>st</sup> of each month for the number of months indicated.
- Postdated checks will not be accepted.

### Congregation Agudas Achim Membership

- All families in the Inda Posner Religious School must be members in good standing of Congregation Agudas Achim. If you are not currently a member, please make sure that your Agudas Achim membership form is received in the Synagogue office by August 1<sup>st</sup> in order to secure your child's enrollment in the Inda Posner Religious School for 2010 - 2011.
- **In order to register your child for school, your account with the Synagogue must be current.**

Inda Posner Religious School  
The First Accredited Framework for Excellence School in the State of Texas

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