# SINAI SCHOOL

#### REGISTRATION FORM 5781 • School Year 2020-2021

Please return form to: Temple Sinai, 3405 Gulling Road, Reno, NV 89503. PLEASE PRINT CLEARLY

### FAMILY INFORMATION

Name of Parent(s	s) / Guardian(s):					
Mailing Address:						
Home Phone: _		Cell Phone:				
E-mail Address:						
Th	is year we will be using em	ail to communicate with f	amilies on a regular basis			
Emergency Conta	act Person:					
Home Phone: _		Cell Phone: _				
Adults Authorized	to Sign Student(s) O	ut:				
	Addition	al Address (if appli	cable)			
Name of Parent(s	s) / Guardian(s):					
	Phone:					
E-mail Address:						
	IFORMATION					
Name of	<b>Birth Date</b>	School Grade	Sinai Class	Hebrew		
Student		(In September)		Name		

Sinai School Classes: K-1st, 2nd-3rd, 4th-5th, 6th-7th/B'nei Mitzvah

Please use this area for any additional information you would like us to know about your child/children. Please indicate any special needs such as allergies, medical conditions, or behavioral/learning issues.

# **TUITION BILLING**

#### **ALL GRADES / CLASSES**

#### Sundays: 9:30 am to 12:30 pm

Rates listed below are for the entire school year, both Fall and Spring semesters. If you are enrolling for the Spring semester only, the price is half the displayed amount.

		Fee Per Student	# Students	Totals	
	Member Family	\$400.00 for 1st child		\$	
	Member Family	\$360.00 each additional child		+\$	
	Non-Member Family	\$1,000.00 each child		+\$	
<b>TOTAL TUITION</b> (Add up the above here.): \$					
(Pl	ease include at least a	-\$			
(Ca	alculate the amount to	*BALANCE DUE (To be bill you by subtracting today's p	,	\$ he total due.)	

#### \* PLEASE INDICATE YOUR BILLING PREFERENCE FOR THE REMAINING BALANCE DUE:

Pay in FULL in August: \_\_\_\_\_

Other:\_\_\_\_\_

Pay each Semester: \_\_\_\_\_\_ (August 1st and December 1st) (Please make arrangements with **Jay Goldberg** at cfo@sinaireno.org or (908) 839-7717)

Signed

Dated



Rabbi Benjamin Zober | Rabbi Sara Zober | Rabbi Emerita Myra Soifer 3405 Gulling Road, Reno, Nevada 89503 | Phone (775)747-5508 | Fax (775)747-1911

# TEMPLE SINAI RELEASE FORM

Ι	, am the parent or legal guardian of
,	a child under the age of 18 or a
person under legal guardianship.	

I hereby grant permission to Temple Sinai to use pictures from Temple Sinai and NFTY events for publicity purposes, at the rabbi's and/or Board leadership's discretion.

I hereby release Temple Sinai, its staff and volunteers from all liability due to Sinai sponsored group activities.

Print Name

Signature

Date

# Use of Children's Pictures in our Temple Web Presence

- 1. The following policy governs the posting of picture of children on the Temple Sinai Web presence.
  - 1.1 Pictures of children under the age of 18 showing any part of their face will not be posted on the Temple Sinai web presence without express written approval by a parent or legal guardian. Permission must be granted using the provided Temple Sinai form letter. All forms will be filed in the Temple Sinai Administrative Office.
  - 1.2 The parent or legal guardian granting permission may withdraw that permission at any time in writing. Upon receiving such withdrawal, the picture will be removed as quickly as possible, but no later than the next business day.
  - 1.3 Separate permission must be given for each child. Permission will be assumed to apply to all pictures of that child.
  - 1.4 If permission is given by a parent or legal guardian to post the picture, under no circumstances will there be identification by the child's / children's name anywhere on the web presence.
  - 1.5 Captions linked to any picture where a child's / children's face appears will not identify the child / children.
- 2. This policy was approved by the Board of Trustees at its October 10, 2012 meeting.