

CONGREGATION KNESES TIFERETH ISRAEL

575 King Street, Port Chester, NY 10573

Tel. (914) 939-1004 Fax (914) 939 - 1086 Email: CongKTI@aol.com

RELIGIOUS SCHOOL REGISTRATION FORM 2010 - 2011 — 5770 - 5771

Name of Child _____ Hebrew Name _____

Address _____ Public School Grade in 2010-11 _____

(Street) (Town) (State) (Zip)

Child's Date of Birth _____ Home Phone # (____) _____

Family Information: **MOTHER**

FATHER

_____/_____/_____/_____ NAME _____/_____

(English)

(Hebrew)

(English)

(Hebrew)

Business Phone # _____

Cell Phone # _____

Email _____

(PLEASE PRINT)

(PLEASE PRINT)

In an Emergency (Other Than Parents)

Telephone # (HOME) (____) _____

Contact: _____

(First Name)

(LAST Name)

Telephone # (CELL) (____) _____

Family Doctor _____

(First Name)

(LAST Name)

Telephone # (____) _____

Medical Information: Allergies _____

Medication _____

Chronic Medical Condition _____

(Registrant's Name) (Please CHECK (✓) ONE) IS IS NOT

currently receiving special educational services in the public/private school (s)he attends.

***** (PLEASE SEE REVERSE SIDE OF THIS FORM) *****

TUITION AGREEMENT

Member of Congregation KTI _____ YES _____ NO

It is understood that Registration is for the school year of September 2010 through June 2011.

I agree to pay the sum of \$ _____ in Tuition/PTO Dues, as follows:

_____ Payment in Full Upon Registration

_____ Two Payments (One half upon Registration - Balance due June 30, 2010)

Refund Policy: Deposits will be refunded, less \$50.00 per child processing fee, prior to the start of the school year. Once classes begin, refunds will be determined on an individual basis.

I agree to abide by the rules and by-laws of the Board of Jewish Education.

I give permission for my child's picture to appear in the KTI item.

I DO NOT give permission for my child's picture to appear in the KTI item.

DATE _____

Parent Signature _____

[Please return this form to the K T I office by May 31, 2010.]

CONFIDENTIAL INFORMATION

Special Educational Services

To enable the KTI Religious School to provide the best education for your child, please complete the information below.

_____ is currently receiving the following Special
(Student's Name) Education services in public/private school:

CLASSIFICATION: _____

SERVICES: _____

Please provide any additional information that will assist the educational staff of Congregation KTI Religious School.



PLEASE CONTACT US TO FURTHER DISCUSS OUR CHILD'S EDUCATIONAL NEEDS.

