



## The Friday School 2011-2012 Registration

	First name	Last name	Signing up for:	Grade in 2011-12
Student 1			<input type="checkbox"/> Culture class <input type="checkbox"/> Hebrew class	
Student 2			<input type="checkbox"/> Culture class <input type="checkbox"/> Hebrew class	
Student 3			<input type="checkbox"/> Culture class <input type="checkbox"/> Hebrew class	

	First name	Last name	Email
Parent 1			
Parent 2			

	Street Address	City, State, Zip
Parent 1		
Parent 2		

	Phone #1	Phone #2
Parent 1	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
Parent 2	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell

If parents live apart, where should we send mailings?     Parent 1     Parent 2

May we list your family's contact information in the school directory?     Yes     No

### Tuition and fees

Base fee (one per family per school year) \$300

Total number of classes for all students: \_\_\_\_\_ x \$225\* = \_\_\_\_\_  
 (Count your check marks above)

\$50 late fee (if payment made after October 1, 2011) \_\_\_\_\_

Voluntary donation to Friday School (Thank you!) \_\_\_\_\_

Total \_\_\_\_\_

\*Per class fee includes \$195 tuition and \$30 book fee.

## Family Participation

The Friday School prides itself on its lively holiday celebrations and on being parent-run. To keep up this tradition, at least one parent from every family is required to serve on at least one committee. We'll provide you with a list of the committees and ask for your preferred committee in the first or second week of classes. Thanks.

### Transportation and Alternate Pickup

I give permission for my child(ren) to walk with a teacher or parent, or to ride in the car of a licensed driver (teacher or parent only) for Friday School field trips held during school hours.

Yes No

I give permission for the following non-parents to pick up my child(ren):

Name	Phone number

### Emergency Information

I understand that in case of serious injury or illness, every effort will be made to contact me, my co-parent, or my emergency contact.

Yes No

In case of serious injury or illness, I authorize Friday School staff to obtain medical treatment for my child(ren).

Yes No

I understand that in case of serious injury or illness, Friday School staff will contact our physician or dentist.

Yes No

I understand that in case of treatment sought for serious injury or illness, I am responsible for all related expenses.

Yes No

In case of minor injury or illness, I authorize a director or teacher to provide first aid for my child(ren).

Yes No

	Name	Phone
Emergency Contact		
Physician		
Dentist		

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Preferred hospital in case of emergency \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**The Friday School**  
**2011-2012 Registration**  
**Student Page**

Please fill out one Student Page per Friday School student in your family.

Parent name	
Student name	
Hebrew name (if applicable)	
School	
Date of birth	

Please check any conditions that apply:

- Yes No Allergies (medicine, insect stings, food, other)
- Yes No Asthma
- Yes No Dietary restrictions
- Yes No Vision problems
- Yes No Hearing problems
- Yes No Learning differences
- Yes No Emotional issues
- Yes No Developmental issues
- Yes No Other condition the school should be aware of

Please describe any conditions marked "yes":

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May we share this information with the student's teacher? Yes No