



2016–2017 School Registration and Tuition Payment Form
 Meeting at: **Westside Neighborhood School**, 5401 Beethoven Street, Los Angeles, CA 90066
 P.O. Box 4508, Culver City, CA 90231 | 310.984.6935 or 818.760.6625 | www.sholem.org

Please send completed form electronically to: info@sholem.org. You may also mail the completed form to:
 P.O. Box 4508, Culver City, CA 90231, or bring it with you to Sholem.

TUITION AND MEMBERSHIP FEES (SCHOOL FAMILIES)

This registration is for the 2016-2017 year. Classes begin in September 2016, but children are welcome to join at any time during the year. For Sholem School families, membership and tuition fees are combined. The fee schedule below includes school tuition, family membership fees, Sholem seminar series fees, and student snacks. For tax purposes, members paying full tuition may claim as deductions \$600. We require a \$100 tuition registration deposit. The deposit is per-family. It is non-refundable, and will be credited to your tuition payment.

Our sliding-scale tuition rates are based on your ability to pay. We use Los Angeles-area median income categories to assess financial resources (page 6). We offer reductions for lower-income families. If you need further financial aid, please complete a tuition assistance application.

STUDENT #1 INFORMATION

First Name:	Last Name:	2016-2017 School Grade:	Date of Birth:
What should we know about any needs and abilities?			
Immunization history: My child: <input type="checkbox"/> has received all vaccinations required or recommended for primary or secondary school attendance <input type="checkbox"/> is not fully immunized.			
T-shirt size (youth sizes) <input type="checkbox"/> S; <input type="checkbox"/> M; <input type="checkbox"/> L; <input type="checkbox"/> XL			

STUDENT #2 INFORMATION

First Name:	Last Name:	2016-2017 School Grade:	Date of Birth:
What should we know about any needs and abilities?			
Immunization history: My child: <input type="checkbox"/> has received all vaccinations required or recommended for primary or secondary school attendance <input type="checkbox"/> is not fully immunized.			
T-shirt size (youth sizes) <input type="checkbox"/> S; <input type="checkbox"/> M; <input type="checkbox"/> L; <input type="checkbox"/> XL			

STUDENT #3 INFORMATION

First Name:	Last Name:	2016-2017 School Grade:	Date of Birth:
What should we know about any needs and abilities?			
Immunization history: My child: <input type="checkbox"/> has received all vaccinations required or recommended for primary or secondary school attendance <input type="checkbox"/> is not fully immunized.			
T-shirt size (youth sizes) <input type="checkbox"/> S; <input type="checkbox"/> M; <input type="checkbox"/> L; <input type="checkbox"/> XL			

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PARENT #1 INFORMATION		
Last Name:	First Name:	Email:
Street Address:	City:	State/Zip:
Home phone:	Cell phone:	Work phone:
Occupations/skills:		
PARENT #2 INFORMATION		
Last Name:	First Name:	Email:
Street Address:	City:	State/Zip:
Home phone:	Cell phone:	Work phone:
Occupations/skills:		

SHOLEM PARENT VOLUNTEERING

With the exception of our school staff, the Sholem Community is wholly run by volunteers. Your skills and talents are needed to help Sholem run smoothly. We have worked diligently to re-organize ourselves into the following four key areas, so take a moment to read through this list and see where you would be most able to help.

Please circle the area(s) that match(es) your skills and interests. You can sign up for more than one area. Please note: **Your registration is not complete without this form.**

Name of parent #1: _____

Email: _____ Best Phone: _____

<p style="text-align: center;">COMMUNITY</p> <p><i>This area involves what we do weekly at Sholem, developing content for adult members and parents, planning our secular holiday observances and providing ways for us to connect with one another.</i></p> <p>Adult Activities Fundraising Holiday Observances Kol Nidre Rosh Hashana Yom Kippur Hanukah Purim Passover Social Action Fellowship</p>	<p style="text-align: center;">OUTREACH</p> <p><i>This Committee focuses on increasing Sholem’s profile in the greater LA community by highlighting our unique mission, membership and programs via advertising, public relations and social media including creating content for the Sholem website, Facebook and Twitter feed. The Committee promotes and puts on the Fall and Spring Sholem Open Houses as well as promoting key Sholem events throughout the year.</i></p> <p>Publicity Marketing Website Phone/text tree Solicitation Letters</p>
<p style="text-align: center;">SCHOOL</p> <p><i>This area is the foundation of Sholem; our Sunday School, its staff management , the curriculum and communication.</i></p> <p>Classroom Communication (Room Parent) Teacher Development (Recruitment, Hiring, Support, Evaluations) Curriculum (Reviews, Development, Implementation) Bar/Bas Mitsve/Social Action (Guidance/Support for Bar/Bas Mitsve class) School Feedback (Exit Interviews)</p>	<p style="text-align: center;">MEMBERSHIP</p> <p><i>This area functions internally, keeping track of members and maintaining records. Very busy at beginning of school year.</i></p> <p>Registration Tuition and Membership Billing Volunteer Sign-up Tracking Membership Roster</p>

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For a second parent/partner, please circle the area(s) that match(es) your skills and interests. You can sign up for more than one area. Please note: **Your registration is not complete without this form.**

Name of parent #2: _____

Email: _____ Best Phone: _____

<p style="text-align: center;">COMMUNITY</p> <p><i>This area involves what we do weekly at Sholem, developing content for adult members and parents, planning our secular holiday observances and providing ways for us to connect with one another.</i></p> <p>Adult Activities Fundraising Holiday Observances Kol Nidre Rosh Hashana Yom Kippur Hanukah Purim Passover Social Action Fellowship</p>	<p style="text-align: center;">OUTREACH</p> <p><i>This Committee focuses on increasing Sholem’s profile in the greater LA community by highlighting our unique mission, membership and programs via advertising, public relations and social media including creating content for the Sholem website, Facebook and Twitter feed. The Committee promotes and puts on the Fall and Spring Sholem Open Houses as well as promoting key Sholem events throughout the year.</i></p> <p>Publicity Marketing Website Phone/text tree Solicitation Letters</p>
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PHOTO/VIDEO PERMISSION FORM

Throughout the year, Sholem students participate in activities, events or projects at which they (and their parents) are occasionally photographed or videotaped. These pictures and videos might be used by Sholem in a variety of ways for sharing with our own community or for outreach. Pictures might be used for internal or external print publications, and pictures and videos might be placed in digital materials such as in our e-calendar or on our website. Any such use of a picture or video will be done without identifying personal information.

I/we hereby grant permission to the Sholem Community to use a photograph/video of my/our child(ren) and/or me/us, without identifying information, in any printed or electronic materials.

Parent Name(s):
Student name(s):
Signature(s):
Date:

MEDICAL CONSENT FORM
Please submit one form per student.

Student Name: _____ Date of Birth: _____

Name of parent #1: _____

Phone during Sholem hours: _____

Name of parent #2: _____ Phone during Sholem hours: _____

Emergency contact in the event neither parent can be reached

Name: _____ Phone during Sholem hours: _____

Medical Provider Information

Insurance Provider: _____

Policy Number: _____

Physician: _____ Physician's Phone: _____

Student Information

List any special medical information, medication required, or conditions that may require attention:

Any allergies (to food or medications, etc.)?

Does your child or family observe any particular dietary preferences?

In the event that I, or other parent/guardian, cannot be reached in an emergency, I give permission to the Sholem staff to secure proper treatment for my child. If the above physician cannot be reached, I authorize qualified emergency personnel to treat my child. I agree to accept financial responsibility for the costs related to this medical treatment. I acknowledge that it is my responsibility to keep the above information current. I also agree to notify the Sholem School if my child is exposed to any communicable disease.

Print name: _____

Signature: _____

Date: _____

TUITION AND PAYMENTS

To determine your tuition fees, view the median income chart below the fee schedule, and note your category.

2016-2017 Tuition Rates – based on 10 months (see next page for median income chart)			
	One student	Two students	Three students
Families able to pay full membership: (120% or higher of median L.A. income)	\$185/month	\$280/month	\$360/month
Families with moderate resources: (80% or higher of median L.A. income)	\$160/month	\$250/month	\$330/month
Families with limited resources:(50% or higher of median L.A. income)	\$130/month	\$230/month	\$305/month

<i>Belfer</i> (classroom assistant)	\$315.00/year
<i>Bar/basmitsve</i> fee (if applicable)	As billed
<i>Bar/bas mitsve</i> mentor fee (if applicable)	\$500.00

(Effective 3/28/2016 -- <http://www.hacla.org/applyforph>)

*Income table derived from U.S. Department of Housing and Urban Development				
Number of persons	Extremely Low Income (30% of Median)	Very Low Income (50% of Median)	Low Income (80% of Median)	Above Median Income (120% of Median)
1	\$18,250	\$30,400	\$48,650	\$72,960
2	\$20,850	\$34,750	\$55,600	\$83,400
3	\$23,450	\$39,100	\$62,550	\$93,840
4	\$26,050	\$43,400	\$69,450	\$104,160
5	\$28,440	\$46,900	\$75,050	\$112,560
6	\$32,580	\$50,350	\$80,600	\$120,840
7	\$36,730	\$53,850	\$86,150	\$129,240
8	\$40,890	\$57,300	\$91,700	\$137,520

Your payment	
\$100.00 non-refundable deposit	\$100.00
Your tuition payment (deduct \$100 deposit from applicable tuition)... or...	
If paying by October 1, 2016, deduct \$75 from total.	
First installment [Balance to be paid in 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> equal installments (check one)]	
<i>Belfer</i> (classroom assistant) (\$300.00/year)	
<i>Bar/basmitsve</i> fee (if applicable)	
<i>Bar/bas mitsve</i> mentor fee (if applicable) (\$500)	
I would like to make an extra contribution to Sholem	
TOTAL	

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD	
For credit/debit card payments:	
Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	
Name on card:	
Card number:	
Expiration date	
Three digit security code:	

Parent/Guardian Signature:	Date:
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REFUND POLICY:

Before December 1: Those seeking refunds have a choice of 50% of the annual tuition, or a credit to apply 75% of your current year's tuition to the following year's tuition.

After December 1: We reduce the amount that can be refunded by 10% per month. So, for example, after February 1 we will refund 30% of the full tuition. Alternatively, we can provide a credit toward the next year's tuition. The amount of the credit is reduced by 15% per month. So, for example, after February 1 we will provide a credit to apply 45% the current year's tuition to the next year's tuition.

For refunds on a monthly auto pay plan we will reduce the amounts of the remaining payments so that the sum of all payments is less than the tuition amount minus the refund amount.

Sholem Tuition Assistance Application

Sholem endeavors to help all families who require tuition assistance. It has always been our goal to turn no one away for lack of funds. Our priority for scholarships is to assist families who are at or below 30% of the Los Angeles-area median income. We will also take into account other circumstances such as taking care of an additional adult without income, job loss, etc.

We will follow up on this request personally. We may ask for additional financial records/info.

Parent name: _____	Email: _____	
Home phone: _____	Cell phone: _____	Work phone: _____

What's the full tuition for the child(ren) you intend to enroll at Sholem? _____

How much tuition can you afford? _____

Please describe the reasons you need scholarship assistance: _____

Signature: _____ Date _____

Sholem Sunday School Vaccination Form

Please answer for each child attending Sholem

Student #1 Name: _____

Immunization history for child #1 (please check one)

My child has received all vaccinations required or recommended for primary or secondary school attendance.

My child is not fully immunized.

Student #2 Name: _____

Immunization history for child #2

My child has received all vaccinations required or recommended for primary or secondary school attendance.

My child is not fully immunized.

Student #3 Name: _____

Immunization history for child #3

My child has received all vaccinations required or recommended for primary or secondary school attendance.

My child is not fully immunized.