
# Temple Shalom Religious School Registration Form 2025-26

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| **Student Name** | **Hebrew Name** | **Birth Date** | **Grade** | **Fee** |
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 **Total** \_\_\_\_\_\_\_\_

Family information:

€ Returning student, same contact information as last year

€ New student, or updated contact info; please provide your contact information below:

Parent /Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # if different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # if different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Program** | **Days and Times** | **Member Fee** | **Non-Member Fee** |
| Hebrew and Judaic combined program | **Saturday** 10:00 to 12:00 | $360 per student | $500 per student |

**Registration must be completed BEFORE admittance to class**

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| **Registration forms are due by Sept. 5th, to be sent to education@templeshalom.ca.** **Tuition may be paid by e-transfer, sent to the Temple Shalom treasurer (treasurer@templeshalom.ca).****Tuition is due with registration unless other arrangements are made with the Temple Board.** |

**Please contact** education@templeshalom.ca **with any questions about the Religious School.**