

**MEMBERSHIP RENEWAL REQUIRED
FOR SCHOOL ENROLLMENT**

FOR OFFICE USE ONLY:
 FAMILY ID# _____
 APPROVED _____
 DATE _____

ADULT #1 LAST NAME: _____ FIRST NAME: _____ E-MAIL ADDRESS: _____ RESIDES WITH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADULT #1 - CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

ADULT #2 LAST NAME: _____ FIRST NAME: _____ E-MAIL ADDRESS: _____ RESIDES WITH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADULT #2 - CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

***Additional Information/Requests: WE WILL DO OUR BEST TO GRANT ONE FRIEND REQUEST.
 IF YOU SUBMIT YOUR PAPERWORK AFTER AUGUST 1ST, WE CANNOT GUARANTEE THAT WE CAN HONOR ANY OF YOUR REQUESTS.**

Choose one:

For explanation of rates, please see page 2 of the Membership Information Brochure

Subsidized Tuition: K – 2nd **\$710** ♦ 3rd – 5th **\$1060** ♦ 6th **\$1150** ♦ 7th **\$755** ♦ 8th - 9th **\$725** ♦ 10th **\$1145** ♦ 11th - 12th **\$725**
 Unsubsidized Rates: K – 2nd **\$900** ♦ 3rd – 5th **\$1345** ♦ 6th **\$1460** ♦ 7th **\$960** ♦ 8th - 9th **\$920** ♦ 10th **\$1440** ♦ 11th - 12th **\$920**
 (Unsubsidized rates are the full cost of Religious School education per child) (8th – 12th Grade tuition includes TheTribe \$50 Activity Fee)

Name of Child	Birth Date	Secular School	Grade Sept. 2019	Session Preference Early (✓) Late	Parent/Child (Grade 3)	New Student?	Tuition
* Additional Information/Food Allergies/Requests:							
MLRT Religious School employs a learning specialist to help us better meet the learning needs of all our students. If you would like the Director of Education to contact you regarding this service, please check below. <input type="checkbox"/> PLEASE CONTACT ME AT _____						TOTAL TUITION Transfer to Line # 4 on Payment Form	

EMERGENCY MEDICAL RELEASE AND INFORMATION: I hereby give my consent for Main Line Reform Temple and its employees to make available to my child(ren) professional emergency medical care if such care is indicated. I understand that conscientious effort will be made to notify me before such action is taken. I give permission for my child(ren) to receive medical care by any doctor, nurse, paramedic or member of a licensed medical staff. This is to certify that my child is in good health. He/she has my permission to participate in all activities (not including field trips) that are part of the Religious School program.

Signature _____ Date _____

EMERGENCY CONTACT (IF PARENT(S) UNAVAILABLE): Name _____ Phone _____

Unless I opt out by initialing, I give my permission for my child to be photographed by the MLRT Religious School. These pictures may be used for publicity purposes. Opt out: _____