

Jewish Learning L.A.B

2024-25/5785

Parent/Guardian Information

Parent/Guardian #1 Name _____

Cell Phone Number _____ Email Address _____

Parent/Guardian #2 Name _____

Cell Phone Number _____ Email Address _____

Emergency Contact (other than parent) _____

Cell Phone Number _____ Relationship to Learner(s) _____

Learner #1 Information

Name _____ Preferred Nickname, if any _____

Full Hebrew Name _____

Cell Phone Number _____ Email Address _____

Date of Birth _____ Grade Level as of September 2023 _____

Cell Phone Number _____ Email Address _____

Allergies/Medical Conditions/Anything we should know to create a safe, welcoming space for your child:

Learner #2 Information

Name _____ Preferred Nickname, if any _____

Full Hebrew Name _____

Cell Phone Number _____ Email Address _____

Date of Birth _____ Grade Level as of September 2023 _____

Cell Phone Number _____ Email Address _____

Allergies/Medical Conditions/Anything we should know to create a safe, welcoming space for your child:

Learner #3 Information

Name _____ Preferred Nickname, if any _____

Full Hebrew Name _____

Cell Phone Number _____ Email Address _____

Date of Birth _____ Grade Level as of September 2023 _____

Cell Phone Number _____ Email Address _____

Allergies/Medical Conditions/Anything we should know to create a safe, welcoming space for your child:
_____**Learner #4 Information**

Name _____ Preferred Nickname, if any _____

Full Hebrew Name _____

Cell Phone Number _____ Email Address _____

Date of Birth _____ Grade Level as of September 2023 _____

Cell Phone Number _____ Email Address _____

Allergies/Medical Conditions/Anything we should know to create a safe, welcoming space for your child:

For more than four (4) learners, please use a separate piece of paper to provide the information requested.

Immunizations (Check the appropriate statement)

_____ My child(ren) have received immunizations in line with California public school standards

_____ I/We have chosen not to immunize our child(ren)

Media Release (If you do not wish us to use photos of you child(ren) as indicated, please skip.)

My signature below gives consent to use photographs of my minor child(ren) for temple purposes that may include, but are not limited to, publicity, advertising, and online/social media content. I understand that my child(ren)'s name(s) will not be used without my permission in publications other than those available to temple members only, and that no royalty or other compensation will be payable to me for any usage.

Signature _____

Class Schedules, Tuition, & Scholarships

TK-2nd Graders

meet on Sunday from 9:00am-11:30am

No. of TK-2nd grade learners ____ x \$360 = \$ _____

3rd-6th Graders

meet on Sunday from 9:00am-11:30am AND
on Wednesday from 4:00pm-5:15pm

No. of 3rd-6th grade learners ____ x \$720 = \$ _____

7th-8th Graders

meet on Sunday from 9:00am-11:30am

No. of 7th-8th grade learners ____ x \$360 = \$ _____

SABABA (9th-12th Graders)

meets on Sunday from 11:30am-1:00pm (lunch included)

No. of 9th-12th grade learners ____ x \$540 = \$ _____

TOTAL TUITION for the family

\$ _____

AMOUNT of SCHOLARSHIP requested

\$ _____

TOTAL TUITION - TOTAL SCHOLARSHIP REQUEST = TOTAL DUE

\$ _____

AMOUNT INCLUDED WITH THIS FORM

\$ _____

Families are encouraged to pay tuition in full, if possible.

Tuition and fees must be paid by June 30th - the end of our fiscal year.

Credit Card payments may be made online by using the “Learning LAB (TK-12)” form found under the GIVING tab on our website: templeisraelstockton.com

Questions, comments, and suggestions are always welcome!

Please contact Karma at office@templeisraelstockton.com or 209.477.9306, x302