

TEMPLE DAVID WEIGER RELIGIOUS SCHOOL
4415 Northern Pike, Monroeville, PA 15146 ~ 412-372-1206 ~ weigerschool@temple david.org
SCHOOL REGISTRATION FORM ~ 2021-2022 ~ 5782

FAMILY INFORMATION

	PARENT #1	PARENT #2	OTHER (Stepparents, Grandparents or other Primary Caregivers)	
Name (<i>first & last</i>)				
Mailing Address	Street, City, State, Zip		Street, City, State, Zip	Street, City, State, Zip
E-mail (please indicate if you prefer not to receive information via email)				
Home phone number				
Work phone number				
Cell phone number				
Religion				
Israel Experience				
Hebrew Name				
Occupation				
Special Talent/Resources				
Special Connections to Israel that you would be willing to share (stories, photos, artwork, etc).				

STUDENT INFORMATION

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name (first & last)				
Hebrew Name				
Gender Identification				
Birthday				
Grade in 2021-2022				
Public School Name				
B'nai Mitzvah Date				
Child's Email Address				

Please provide any other information regarding your child that might help us in providing the most appropriate religious school education: (<i>use additional paper if necessary</i>)				
Does your child have an IEP (Individual Educational Program) in school? (<i>if yes, please indicate where and why</i>)				
	YES / NO		YES / NO	YES / NO
Does your child have specific learning needs? (<i>if yes, please describe</i>)				
	YES / NO		YES / NO	YES / NO
Does your child have specific emotional/behavioral support needs? (<i>if yes, please describe</i>)				
	YES / NO		YES / NO	YES / NO

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MEDICAL INFORMATION

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name (first and last)				
List and describe any medical conditions that we should be aware of: (use additional paper if necessary)				
Medications your child is taking?				
Food allergies?				
Other allergies?				
Any specific instructions?				

EMERGENCY INFORMATION (Other than included above)

EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	
Name			
Relationship to family			
Home phone number			
Cell phone number			
Other phone number			
Doctor's Name		Doctor's Phone	
Practice Name			
Doctor's Address			
Dentist's Name		Dentist's Phone	
Health Insurance			
In the event of an emergency and I cannot be reached by phone, I give permission for my child(ren) to receive emergency transportation and medical treatment at the nearest treatment center.			
Parent Signature _____		Date _____	

WEIGER RELIGIOUS SCHOOL FEES

	Early Bird Fee by 7/22/2021	Full tuition after 7/22/2021	Totals
Attendance on Sunday only	Grades Pre-K/K, 1 & 2	\$425	\$490
Attendance Sunday & Wednesday	Grades 3-10	\$495	\$595

Fee Total:	
Additional Voluntary Contribution to Weiger Religious School Operating Fund:	
Total Due:	

All forms and fees are due by August 20, 2021