



Kol Shalom, Community for Humanistic Judaism Children's Education Registration Form

Parents' Names _____

Street Address _____

City, State, Zip _____

Phone(s) _____

E-mail _____

Child's Name _____

Birth Date _____ Grade _____ Sunday School Class _____

Allergies, health or learning style concerns: _____

Tuition Fee \$ _____

Child's Name _____

Birth Date _____ Grade _____ Sunday School Class _____

Allergies, health or learning style concerns: _____

Tuition Fee \$ _____

Child's Name _____

Birth Date _____ Grade _____ Sunday School Class _____

Allergies, health or learning style concerns: _____

Tuition Fee \$ _____

Tuition Fees for Year:

Pre-school, aleph, bet: Non-members, First Child (\$275), Second Child (\$225) plus \$25 registration

Members, First Child (\$175), Second Child (\$125)

Mitvah Classes: (Members only) First Child (\$300), Second Child (\$200)

[OVER PLEASE]

Please indicate the total tuition fees for the registration requested: \$ _____

Please indicate your payment preference by checking the payment schedule you prefer:

_____ One payment for total year in September

_____ Three equal payments: Sept., Jan. and May

You will receive billing correspondence from our Treasurer. For other payment arrangements please contact the Kol Shalom office at 503-459-4210.

After registration and prior to the first class you will receive confirmation of the class placement. Classes start at 10:00 AM at MJCC. Please make sure your children are here and in class by that time.

Parent/Guardian Signature: _____

Date: _____

For further information contact:

Dr. Walt Hellman, Children's Education Committee Chair (policy matters):

503-648-6361 hellmanw@gmail.com

Please return this form to:

Kol Shalom, CHJ

1509 SW Sunset Blvd., #2H

Portland, OR 97239