

3rd Grade Shabbaton!

November 17-18, 2017

Student Name: _____

Parent(s): _____

Parent Cell # _____ Parent Cell # _____

If parents are not available in an emergency, please contact:

Name: _____ Relationship: _____

Home Phone # _____ Alternate # _____

All prescription and over-the-counter medications must be turned in to the staff in charge of medications at the overnight. Clearly label all medicine with your student's name and required dosage. Please complete the following:

Name of Medicine	Dosage	When (i.e. dinner, breakfast, bedtime)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your student have Food Allergies? If so, please make sure we have a Food Action Plan on file.

Is this your student's first overnight/sleepover experience? _____

Is there anything else we should know? _____

Questions: Contact the Religious School office @ 314-569-1273 or mdiamond@sestl.org

Registration and Payment Form - 3rd Grade Shabbaton

November 17-18, 2017 - Cost: \$50 per student

Contact the accounting department at 314-692-5306 for payment questions.

- As you may know, the Temple incurs cost to process credit cards. Please consider checking the box to add a tax deductible convenience fee of 3% (\$1.50) to your total for the use of your credit card.

Name of: Student(s) _____ Parent(s) _____

Payment Amount (\$50 per student) \$ _____

Payment Method: Cash Check # Credit Card # (On file) Credit Card # (Below)
 We are contacting Rosalie Stein at 314-692-5302 regarding Scholarship Funds.

I (we) authorize Congregation Shaare Emeth to charge the credit card below:

Credit Card # _____ Exp. ____/____/____
(3-DIGIT SECURITY CODE)

Name on card: _____ Billing Zip Code: _____

Authorized Signature: _____ Date: _____

Office Use Only: ACC MM