

TEMPLE BETH-EL RELIGIOUS SCHOOL REGISTRATION FORM--2008-2009
Student Information

FAMILY ID

First Name	Middle Name	Last Name	Nick Name	Hebrew Name	Gender	Birthdate	Age
Street address			City	Zip Code	Home phone	Student's cell phone	Student's email address
Name of Public or Private School child attends in 2008-2009:					Grade level in Secular School		

I am enrolling my child in the following classes (Refer to choices listed below):

Religious School Grade	Weekday Hebrew level (Grades 3 – 6)	Choice of day/location for Weekday Hebrew
AH-HAH (age 3) (Sunday-once a month)	1 st year = Alef	Tuesday/EKA or
Pre-K (age 4) (Sunday-once a month)	2 nd year = Bet	Wednesday/TBE
Kindergarten (Sunday)	3 rd year = Gimel	
Grades 1 st ó 8 th (Sunday)	4 th year = Dalet	
Pre-Confirmation (9 th grade) (Sunday)		
Confirmation (10 th grade) (Sunday)		

Names/Grades of siblings enrolled in our school _____

Family Demographic Information
(please make changes, corrections, or additions to the information below)

Parent 1:	First Name	Last Name	Street Address	City/State/Zip Code
	Home Phone	Cell Phone	Work Phone	Email Address (please print clearly)
Parent 2:	First Name	Last Name	Street Address	City/State/Zip Code
	Home Phone	Cell Phone	Work Phone	Email Address (please print clearly)

With whom does child reside? _____ Who is responsible for payment of school fees? _____

PHOTOGRAPHIC RELEASE: I give permission for my child's photo to be posted on the Temple Beth-El website. (check one) YES NO

TEMPLE BETH-EL RELIGIOUS/HEBREW SCHOOL
EMERGENCY MEDICAL RELEASE/TRIP RELEASE
2008-2009

_____		_____		_____	_____
Student's First Name		Last Name		Age	Grade
_____		_____		_____	_____
Parent 1	First Name	Last Name	Home phone	Cell phone	Business phone
_____		_____		_____	_____
Parent 2	First Name	Last Name	Home phone	Cell phone	Business phone

EMERGENCY CONTACT (other than parent)

_____	_____	_____
Emergency Contact #1 Name/Phone	Emergency Contact #2 Name/Phone	Emergency Contact #3 Name/Phone

DOCTOR'S INFORMATION

_____	_____	_____
First Name	Last Name	Business phone

INSURANCE CARRIER

_____	_____	_____
Carrier/Plan Name	Group/Policy #	Claims/Phone Authorization #

Please list any allergies or medical problems _____

I understand and agree that in case of an emergency or injury to the above enrolled child, such action will be taken and medical treatment administered as deemed necessary by the school or its employees. I hereby release the school, its employees and agents from any claim or liability with respect to the same. I give the school such authorization that permits any person or hospital to provide such treatment to my child as may be advisable in the circumstances, and this shall be sufficient authority for doing so.

Parent's Signature _____ **Date** _____

Trip Release

On several occasions through the school year, Temple Beth-El Religious/Hebrew School plans trips for its classes. So that we do not have to send and collect permission forms per trip, we ask that you sign a blanket waiver form, so that your child may attend all trips that are authorized by the school. Students without a signed Trip Release will not be allowed to go on trips. **We will still send home notices with your child giving details of each trip. If you choose for your child not to attend a particular trip, please keep your child at home during that class.**

Parent's Signature _____ **Date** _____

**TEMPLE BETH-EL RELIGIOUS/HEBREW SCHOOL 2008-2009
LEARNING NEEDS PROFILE**

Each child is unique and learns in a special individual way. We would like to create a positive learning experience for him/her in our school. To help us achieve this goal, it would be useful to understand your child's specific learning style. All of this information will assist in determining the needs of our school. Please take a moment to fill out this profile and return it with your registration forms to the Education Office. All information will be kept confidential. Only the classroom teacher and the Education Director will have access to this information. We would welcome the opportunity to meet with you (and your child) to assure the best learning environment possible within Temple Beth-El.

Child's First Name	Last Name	Home Telephone Number
Religious School Class	Hebrew School Class	Grade Level in Secular School
		Name of Secular School/District

1. Does your child have any special needs that would affect his/her choice of seating location? Please explain.
 a) Vision b) Hearing c) Distractibility d) Other

2. Have you or your child's secular school identified your child as having any special learning needs? For example, does your child receive any individualized modifications or attend special classes in his/her school? If so, please describe, or attach a copy of modification sheet. (Dyslexia, Reading, Speech, Social Skills, Special Education services)

3. Are there any specific health factors that we should be aware of? (i.e. seizures, medication, food/medicine allergies, etc.) Please give instructions in the event that you are unavailable in case of an emergency.

4. Has there been any disruption in your child's life or the life of the family of which we should be aware? (i.e. separation or divorce of parents, major illness or death in the family, or other traumatic event) ____yes ____no If yes, please explain.

5. We understand that cultivating Jewish friendships is important to our families. Having a best friend in class can be comforting and motivating for some students, for others it can be a distraction. You have the **option** to request that your child be placed with **one** friend, but please understand that this is not a guarantee (so please don't make promises to your child). Many factors are involved in forming a balanced class, and the Education Director will make the final decision on class placements. **Special requests should be made at the time of registration, those made after August 1st may not be considered.**

I request that my child be placed with _____

Parent Signature _____

Date: _____

PARENT'S NAMES

FAMILY ID

STUDENT(S) NAME(S)

GRADE(S)

TUITION

FEES FORM 2008-2009

Temple Beth-El firmly believes that every child should be enrolled in our Religious School Program. Please speak to our Education Director, Teresa Parker, if you are in need of financial assistance. Beginning on your June Statement, you will be **automatically billed** for all religious school fees. You have two options: pay the tuition in full **or** set up a payment plan. (If you pay **in full prior to June 1**, you may take advantage of a \$50 per child discount.) To set up a payment plan, contact Blythe Simonson, Comptroller, at 733-9135 ext. 124. A minimum deposit of **\$50.00 per student** is required to secure enrollment in our school. Families who do not complete payments by October 15 will be assessed a **late fee** of \$25.00 per month.

Full Payment Rate Schedule for 2008-2009

AH-HAH and Pre-Kindergarten	\$155
Kinder, Grades 1 and 2	\$300
Grades 3, 4, 5, and 6	\$550
Grades 7 and 8	\$360
Pre-Confirmation (Grade 9)	\$455
Confirmation (Grade 10)	\$515
Discount for 3 rd , 4 th , 5 th child in family	\$30

***Students Currently Attending the EKA**

Special Events Program, Kinder ó Grade 2*	\$50
Special Events Program, Grades 3-6*	\$225

Subtotal _____

Less multiple child discount - _____

Subtotal _____

Yachad Membership: (per family) Fund to honor _____ **20.00**
 Teachers and Ma'aseh and purchase holiday supplies
 for students. **Subtotal** _____

Additional donation for scholarships to help others _____

If paying in full on or before **June 1st**, subtract \$50 per child - _____

TOTAL

\$ _____

METHOD OF PAYMENT (please check one)

FAMILY ID

_____ OPTION 1 ó FULL PAYMENT attached (Credit Card or Check)

Amount Enclosed: _____ Check # _____

_____ OPTION 2 ó PAYMENT PLAN deposit of \$50.00 per student attached (Credit Card or Check)
and please bill me on my Temple Beth-El Statement on June 1st.

Amount Enclosed: _____ Check # _____

_____ VISA _____ MasterCard

Credit Card # _____ Expiration Date: _____ Amount: _____

Name on Card (please print) _____

Signature to authorize payment (Mandatory) _____