
 Date Received

TEMPLE BETH TIKVAH
2010-2011
RELIGIOUS SCHOOL REGISTRATION

Grade	First Name	Middle	Last Name	Birthdate	Sex	Hebrew Name
PK						
K						
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th/9th						
10th						
11th/12th						

It is important for both parents to be involved with their child's Jewish education. In instances where parents no longer live together, we will send information regarding classes to both parents.

Full Name(s) of Parent(s) or Guardian(s): _____

(Mother) Home Address: _____ **(Father)** Home Address: _____

Subdivision _____

County _____

Phone: (Home) _____ Phone: (Home) _____

Cell Phone : _____ Cell Phone: _____

E-mail Address _____ E-mail Address _____

Student Email Address _____ Student Cell Phone _____

Does your child have special needs (medical, learning disabilities, behavioral problems, etc.)? Please share any and all pertinent information to help us give them a positive learning experience:

Name of Public or Private School your child currently attends: _____

Did your child attend Religious School previously? _____ How many years? _____

Where did your child attend Religious School? _____

Registration Fees and Payment Schedule (2010-2011*): TOTAL Religious School Price**

Sunday Morning (9:30 am – 12:00 pm) - PK = 4 years old by September 1, 2010

	<u>BEFORE JULY 1ST</u>	<u>AFTER JULY 1ST</u>
PK	\$455	\$505
*PK Additional Student(s)	\$440	\$490
K, & 2nd Grade	\$555	\$605
* PK, K, & 2 nd grade Additional Student(s)	\$540	\$590
1st Grade	\$567	\$617
* 1 st Grade Additional Student (s)	\$552	\$602

Bar Mitzvah Year **\$1225**
 (includes 7th Grade & Bar/Bat Mitzvah tutoring)

Sunday Morning (9:30 am – 12:00 pm) & **Tuesday Afternoon** (5:00 pm – 6:30 pm)

3rd Grade	\$785	\$835
*3 rd Grade - Additional Student(s)	\$770	\$820
4th Grade	\$860	\$910
*4 th Grade - Additional Student(s)	\$845	\$895
5th Grade Student	\$960	\$985
*5 th Grade - Additional Student	\$945	\$970
6th Grade Student	\$955	\$1005
*6 th Grade - Additional Student	\$940	\$990

*Greater amount applies to oldest child – additional amount applies to younger sibling(s).

Monday Nights (7pm-8:30)

8th/9th Grade Student (Keshet Program)	\$450
10th Grade Student (Confirmation)	\$575
11th/12th Grade Student (Kivunim)	\$300

I understand that it is the policy of the Temple Beth Tikvah Religious School that no refunds will be given after the 3rd session of school. Any refunds will be subject to a \$100 fee.

Parent Signature _____

My child has special needs that require a dedicated teacher's aide for his/her success. I understand by signing below that my family is responsible for this additional expense and will make the necessary payment arrangements with the Religious School.

My child(ren) will be attending Beth Tikvah's religious school program during the 2010-2011*** school year.

_____ I am paying in FULL. Check for \$_____ enclosed.

_____ I prefer to pay 1/3 down and the balance to be paid in two monthly installments (6/1 & 7/1). **Post dated completed checks must be submitted with registration and will be deposited on the first day of the two following months. Any registration received with partial payment that does not include post dated checks will not be processed.**

If you choose to use a credit card (Mastercard & Visa accepted): This portion MUST be completed if you choose to use a credit card – even if you have your credit card on file.

Amount to Charge to Card: Paying in FULL: _____ Paying in 1/3: _____

Credit Card type: _____ Credit Card #: _____

Expiration Date: _____ Signature: _____

If paying 1/3 of tuition by credit card:

I am paying 1/3 of my child's tuition via credit card. I authorize Temple Beth Tikvah to automatically charge the above credit card for the remainder of my balance to be divided over the next two months.

Signature _____ **Date** _____

**Temple Beth Tikvah Religious School
Parental Consent and Release Form**

THIS PARENTAL CONSENT FORM grants permission for your child or children listed below to attend Temple Beth Tikvah Religious School events and activities, both on and off Temple grounds, during the 2010-2011 school year. This form acts as a general release and consent regarding your child(ren)'s attendance at any of the scheduled Religious School functions. This is a general permission form for all events that occur during the 2010-2011 school year. Reminders will be mailed prior to an event. At that time you will be asked to confirm whether or not your child(ren) will attend, notified of any fees that may be due, and whether you will be able to volunteer to chaperone.

THE UNDERSIGNED PARENT OR GUARDIAN, having read and understood this consented release, does hereby agree to allow the undersigned's child(ren) listed below to attend Temple Religious School events and activities, both on and off the grounds of Temple Beth Tikvah, and does also hereby agree to allow for the child(ren) to be transported in an automobile with a Temple participant driver and/or with an approved bus transportation company. Furthermore, the undersigned hereby releases and forever discharges Temple Beth Tikvah and its officers, trustees, employees, advisors, coordinators, chaperones, agents and their respective heirs at law, legal representatives, successors, and assigns from any and all claims, demands, damages, actions, causes of action, suits, and liabilities of every kind and nature, arising out of, resulting from, or relating to any incidents that may occur during any such Temple Religious School event or function, including, but not limited to any bodily injury to such child(ren).

In the event the child(ren) listed below require(s) medical treatment during any such Religious School event, the undersigned hereby authorizes the Religious School chaperone or coordinator to authorize emergency treatment for such child(ren) if necessary.

_____ Signed this _____ day of _____ 201__

(Parent or Guardian)

(Print Name)

Child's Name(s):

1. _____ 2. _____

3. _____ 4. _____

PUBLICITY RELEASE

I hereby give permission for photographs, videotapes, and audiotapes of my child(ren) to be made during school activities and to be used for school publicity.

(Parent or Guardian)

(Relation to child)

(Date)

**TEMPLE BETH TIKVAH RELIGIOUS SCHOOL
STUDENT EMERGENCY/MEDICAL INFORMATION**

Please complete this entire form. This information will help the Religious School to provide the appropriate care for your child during Religious School hours and in the case of any emergency. All information will be considered CONFIDENTIAL, and will only be shared on a "need to know" basis.

CHILD'S NAME _____ GRADE _____

I give permission for the school to release my child to the following people in case of an emergency:

PRIMARY EMERGENCY CONTACT NAME: _____

Relationship to Child: _____ Phone Number: () _____

SECONDARY EMERGENCY CONTACT NAME: _____

Relationship to Child: _____ Phone Number: () _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN NAME: _____

Hospital: _____ Phone Number: () _____

Are all of your child's immunizations/vaccinations up to date? Yes No

Does your child have a chronic or recurring illness/condition? (diabetes, asthma, migraines, seizures, etc.)

Yes No If "yes", please explain.

Does your child routinely take any medication? (ex: Claritin, Ritalin, insulin, etc.) Please list below. *If your child takes any medication regularly during the school weekday, please administer on Sunday mornings, as well.

Does your child need to have any medication with him/her during Religious School hours? (Insulin, Epi-pen, inhaler, etc.) Please list the names of medication and instructions for dispensing.

Does your child have any allergies? Yes No If "yes", please describe.

All information listed above is accurate and correct to the best of my knowledge. On behalf of myself and the child named above, I do hereby release Temple Beth Tikvah, its employees, and the Religious School staff from any liability, expense or damages associated with any illness/injury suffered by my child directly or indirectly as a result from any emergency situation at school or the dispensing of any prescribed medication (or failure thereto) on the behalf of my child.

Parent/Guardian

Date



Dear Parents,

The TBT Religious School requires that divorced/separated parents provide the school with documentation of legal custody, physical custody, and visitation arrangements. We do not require a copy of your entire divorce decree, only the portion that pertains to custody.

The custody agreement or court order must clearly spell out any restrictions on access to school records or contact by a non-custodial parent, if applicable. All information will be kept confidential.

Please understand that requiring this legal documentation is for the safety and protection of your child. The Temple Beth Tikvah Religious School must abide by the court's ruling.

Please send a copy of this legal documentation with your registration form.

Thank you for your cooperation.
Sincerely,

Temple Beth Tikvah
Board of Education

**TEMPLE BETH TIKVAH RELIGIOUS SCHOOL
STUDENT PROFILE QUESTIONNAIRE**

CHILD'S NAME: _____ **GRADE:** _____

Please answer the following questions as completely as you can and return it with your child's registration. All profiles will be shared with your child's teachers and kept CONFIDENTIAL. The more information we have, the better we are able to create a meaningful learning environment for your child. Complete this form for each child in your family. **You may duplicate this form or complete the answers on the back of this page or on a separate sheet of paper. Please feel free to take as much room as necessary for completion of the questions.**

Thank you for your partnership with us in the education of your child. We are looking forward to reading your responses and learning how to best reach your child. Thank you for sharing this information. We look forward to a great year!

- 1.) What would you consider to be your child's strongest learning style? (Ex: Is s/he mostly an auditory or visual learner? Does s/he learn best by manipulating objects?)

- 2.) What are your child's favorite subjects in school; why do you think this is the case?

- 3.) What characteristics did your child's favorite teacher exhibit that made your child enjoy learning from him/her?

- 4.) How does your child feel about attending religious school this year?

5.) Which types of discipline methods have worked best with your child?

6.) How would you describe your child to someone who had never met him/her?

7) Please share any behavioral problems, learning disabilities or special needs that your child may have.

8) Please write any additional comments below that you think would assist us in the education of your child, and make it a positive experience for him/her.

Thank you for your thorough completion of this form. We are looking forward to a great school year.

2010-2011 Post B’Nai Mitzvah Religious School Schedule

	Kesher (8th/9th Grade)	Confirmation (10th Grade)	Kivunim (11th/12th Grade)
August	30 th	30 th	30 th
September	13 th , 27 th	13 th , 27 th	13 th
October	4 th , 18 th , 25 th	4 th , 18 th , 25 th	4 th , 25 th
November	1 st , 8 th , 15 th , 29 th	1 st , 8 th , 29 th	1 st , 15 th
December	6 th	6 th	6 th
January	10 th , 24 th , 31 st	10 th , 31 st (returning from DC on 24 th)	10 th , 31 st
February	7 th , 14 th , 28 th	7 th , 28 th	7 th , 28 th
March	7 th , 14 th , 21 st , 28 th	7 th , 14 th , 21 st	7 th , 21 st
April	11 th	11 th	11 th
May	2 nd	2 nd	2 nd

Confirmation will be held on May 6th.

Please detach and keep for your records!