



Registration Deadline June 19th

Office Use Only
Date: _____ Initials: _____

Family ID: _____

5779 (2019-2020) School Year – ONE PAGE PER FAMILY

You must be a member in good standing for your child(ren) to be enrolled in Religious School. If you have any questions regarding your membership status or outstanding school fees, please contact Eric Chanin at 770-642-0434.

Parent /Guardian Information	
With whom does the student reside: (Circle One) Parent 1 Parent 2 Both Guardian	
Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Cell #:	Cell #:
Email Address:	Email Address:
Address:	
City:	State: Zip:
Home #:	Subdivision: County:
Emergency Contacts - Please provide 2	
Name:	Name:
Relationship:	Relationship:
Best phone number:	Best phone number:
Carpool Information	
Carpool Number:	Carpools With:
If your child will have someone other than a parent check them out of school we need to know their name.	
My child may be picked up by: _____	

Volunteer Opportunities

I am interested in:
Please check all that apply.

- | | |
|------------------------------------------------|---------------------------------------------------------|
| Picking up and selling bagels: _____ | Helping with family activities: _____ |
| Helping with classroom activities: _____ | Helping with grade-level activities: _____ |
| Helping "behind-the-scenes": _____ | Helping during religious school hours: _____ |
| Being a Substitute teacher: _____ Grade: _____ | Helping with whole-school/mixed grade activities: _____ |

I have a specific talent I would like to contribute (Art, music, graphic design, computers, etc.): _____

Pizza and Bagels

As part of our fundraising efforts we will again sell bagels on Sunday morning for \$2.00 as well as pizza on Sunday afternoon and Tuesday evening for \$2.00 a slice. If your child is not allowed to purchase these items or will only be using cash please indicate this below and we will note this on our list. Please enter any additional restriction on their account, for example, they are only allowed to purchase 2 slices of pizza. If your child purchases bagels or pizza please remember to send in a check or cash on the first day of school to fund their snack account.

Cash only - No account My child is not allowed to purchase anything
 Restrictions _____

5779 (2019-2020) School Year Financial Form – **ONE PAGE PER FAMILY**

Note: The 7th grade class will meet on Monday night 6:45 – 8:30 – Dinner will be provided

Kindergarten	\$500.00	* Hebrew tuition - 4 th -6 th grades	\$395.00			
1 st – 9 th grade student tuition	\$750.00	** 7 th grade B'nai Mitzvah tutoring fee – billed in 6 th grade	\$705.00			
<ul style="list-style-type: none"> 4-6th * grade must add Tuesday Hebrew or Extended day tuition 7th ** grade must add B'nai Mitzvah tutoring fees 						
Confirmation	\$850.00					
11 th - 12 th grade - Kivunim	\$445.00					
First Name	Last Name	Grade	Option # 1 or 2	Tuition	Discount	Sub-total
Student 1						\$
Student 2					-\$15	\$
Student 3					-\$15	\$
For children in 4 th – 6 th grade – Please indicate which option you would like for religious school Recommended - Option #1 - Sunday plus Tuesday Hebrew - Sunday 9:30–12:00 and Tuesday 5:00–6:30 Option #2 - Extended Day Sunday 9:30–1:30						
Other fees						\$
PLUS ACTIVITY FEE PER STUDENT \$50 X # _____ OF STUDENTS						\$
If your child is a new 4 th – 6 th grade student and has never been in religious school you may need to provide private tutoring for your child to catch up. Please speak with the school Director or the Rabbi.						
TOTAL TUITION AMOUNT						\$

Parent/Guardian Signature: _____ Date: _____

Payment Information

I would like to make a tax deductible contribution to the: Religious School Scholarship Fund \$ _____
 Religious School Enrichment Fund \$ _____

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

Paying in full by check Check Amount: \$ _____ Check #: _____

Pay in 3 installments by check

Check Amount 1 \$ _____ Check #: _____
 Check Amount 2 \$ _____ Check #: _____
 Check Amount 3 \$ _____ Check #: _____

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 even if you have your credit card on file. **THERE WILL BE A 3% ADMINISTRATIVE CHARGE FOR THE USE OF CREDIT CARDS.**

VISA OR MASTERCARD Name on Credit Card: _____

Paying in full by credit card \$ _____ # _____ Exp. (MM/YYYY): _____

Pay in 3 installments by credit card

Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____

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 over the next two months.

Signature: _____ Date: _____



Family ID: _____

ONE PAGE PER STUDENT

Student Name: _____

**Temple Beth Tikvah Religious School
5779 (2019-2020) Student Information and Emergency Form**

*Please verify that the information below is accurate. If not, please provide the correct information.
If you are using Word to edit this document please highlight any changes*

STUDENT INFORMATION

Last Name:	First Name:		
Hebrew Name:	Birthdate:	Gender:	Age in Aug. 2019:
Student Cell #:	Student Email:		
School Name:	School Phone:	Grade in Aug. 2019:	

Siblings attending Temple Beth Tikvah: _____
(Name) (Grade as of August, 2019) (Name) (Grade as of August, 2019)

NEW STUDENT? YES NO If yes, does your child have any previous formal Jewish Education? _____

Where received? _____ How many years? _____

Is your child receiving formal religious education in another faith? (Please specify): _____

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If desired, name **ONE friend** with whom your child would like to be placed in a K-6 grade class. We will do our best to honor the request if the request is reciprocal. Friend's Name: \_\_\_\_\_

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**Is the student in a youth group or another Jewish organization? If yes, what?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**ALL INFORMATION BELOW IS KEPT STRICTLY CONFIDENTIAL**

**MEDICAL NEEDS LIST (if applicable)**

Please describe any allergies or challenges your child has. (food, medication, severe bee sting reactions, ADD, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication(s)? If yes, please list: \_\_\_\_\_

Please explain any special circumstances in your family (e.g. birth, death, separation, restraining order, divorce, custody arrangements, etc.) If there is a change during the year, please keep us informed.

\_\_\_\_\_

Does your child or anyone else in the family have a health condition of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

## Consent Signatures

Please read the documents on the following pages and sign below for each of the documents you have read and agree to.

### EMERGENCY MEDICAL CARE CONCENT

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENTAL CONSENT

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MANDATORY REPORTING

I acknowledge my legal responsibility to be a mandated reporter and acknowledge the policy and procedures (listed below) of Temple Beth Tikvah. Both parents must sign this section.

Parent 1:

Name:

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent 2:

Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**This following pages do not need to be returned. They need to be read and the consent page needs to be signed.**

### **EMERGENCY MEDICAL CARE CONSENT**

I hereby give my consent to Temple Beth Tikvah, or its officers, trustees, employees, advisors, coordinators, chaperones, agents and their respective heirs at law, legal representatives, successors, and assigns, to make available to my child first aid or emergency medical care if necessary, at the parent or guardian's expense.

It is understood that a conscientious effort will be made to notify me (or my spouse) before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment.

However, in the event that this is not possible, I give my permission for my child to receive proper medical care by any medical practitioner or hospital licensed by the State of Georgia.

This is to certify that my child is in good physical health. **He/she has my permission to participate in all Activities (including field trips) that are part of the regular religious school program.**

### **PARENTAL CONSENT**

**THE SIGNATURE OF PARENT OR GUARDIAN** grants permission for your child or children to attend Temple Beth Tikvah Religious School events and activities, both on and off Temple grounds, during the 2019-2020 school year (collectively referred to as "Activities"). This form acts as a general release and consent regarding your child's attendance at Activities. This is a general permission form for all Activities that occur during the 2019-2020 school year. Reminders will be mailed prior to specific Activities. At that time you will be asked to confirm whether or not your child will attend, notified of any fees that may be due, and asked whether you will be able to volunteer to chaperone or drive.

In consideration for the willingness of Temple Beth Tikvah to accept the child or children of the parent or guardian in its religious school program, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parent or guardian does freely, voluntarily and without duress execute the following release for and on behalf of him or herself and his or her heirs, successors, beneficiaries and assigns:

Having read and understood this consented release, my signature does hereby agree to allow the undersigned's child or children listed below to attend Activities, both on and off the grounds of Temple Beth Tikvah, and does also hereby agree to allow for the child to be transported in an automobile with a Temple participant driver and/or with a bus transportation company engaged by Temple Beth Tikvah. Furthermore, the parent 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 ("the Released Parties") 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 Activities, including, but not limited to any bodily injury, personal injury, illness, death or property damage that may arise out of, occur during or result from Activities, including transportation to and from Activities, regardless of whether caused in whole or in part by an act or omission of a Released Party. The parent also understands that Activities may involve activities that may be hazardous to the child or children and inherently dangerous risks, including but not limited to physical activity or travel to and from locations where Activities are performed. The parent hereby expressly and specifically assumes the risk of damage, injury, harm or death in connection with such Activities.

**THE SIGNATURE OF PARENT OR GUARDIAN** releases, forever discharges, indemnifies, and holds harmless the Released Parties from any claim, demand or cause of action whatsoever arising out of or relating to any first aid or medical treatment rendered in connection with any Activities in which my child participates.

**THE SIGNATURE OF PARENT OR GUARDIAN** gives Temple Beth Tikvah permission to take photographic images, video or audio recordings of my child, and grants and conveys to Temple Beth Tikvah all right, title and interest in any and all photographic images and video or audio recordings made by or for Temple Beth Tikvah during my child's participation in the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**THE SIGNATURE OF PARENT OR GUARDIAN** expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Georgia, and that this Release will be governed by and interpreted in accordance with the laws of the state of Georgia without giving effect to its conflict of laws rules. The parent agrees that in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of that clause or provision will not affect the remaining provisions of this Release, which will continue to be enforceable. The parent agrees that the sole and exclusive jurisdiction and venue for litigation related to a dispute under this agreement will be a state or federal court having jurisdiction over Fulton County, Georgia.

# Temple Beth Tikvah is committed to keeping our children safe

## Policy on Mandatory Reporting

In the State of Georgia, all volunteers are mandated reporters. This means when a person who volunteers in a school or any program with children, they are mandated by law to report suspicions of abuse.

*Child service organization personnel means: persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.*

This document is provided to have every volunteer and staff member acknowledge his/her legal obligation to be a mandated reporter in cases of child abuse or neglect. Please read these provisions carefully:

### How Many Children are Affected?

- Every 25 minutes, a child is the victim of abuse in Georgia (*Prevent Child Abuse Georgia*).
- 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthdays.
- In more than 90% of sexual abuse cases the child and the child's family know and trust the abuser.
- Every day, 33 children are the victims of confirmed abuse or neglect.
- 200 incidents of child abuse and neglect are reported daily.
- 99 children died from abuse and neglect in 2014.
- On any given day, about 8,000 children are in the foster care system.
- 22,163 cases of child maltreatment were reported in Georgia in 2014

**If a child tells volunteer of an incident or volunteer has reason to suspect child abuse it MUST be reported.** Temple Beth Tikvah defines child abuse as physical, sexual, or emotional abuse, or neglect of the child, or any other unsafe circumstances affecting the child. In the event volunteer learns of or suspects child abuse, Temple Beth Tikvah requires volunteer to follow the approach outlined below.

If a child confides in volunteer or volunteer suspects abuse, do not ask questions of the child, as this may cause confusion or a change in the story. Instead, report the incident to Temple Beth Tikvah's Director of Congregational Learning or the person in charge of the event if the Director of Congregational Learning is not available. The person in charge of the event should make a factual report to the Director of Congregational Learning. The Director of Congregational Learning will then report the suspected child abuse to the proper authorities. After the Director of Congregational Learning reports the abuse to the proper authorities, a person trained in forensic interviewing will professionally interview the child.

If volunteer is told of the abuse of a child, then as soon as practicable, volunteer must document: (a) the child's exact words, (b) the date and time of the child's communication of the abuse to you, and (c) a detailed description of any physical evidence.

If volunteer makes the report of suspected abuse, Temple Beth Tikvah will assume that volunteer's report was made in good faith. Temple Beth Tikvah will not penalize volunteer if the accusation volunteer conveys results in a case which cannot be sustained.

Because of Temple Beth Tikvah's work with children, it is imperative that we closely abide by this policy as Temple Beth Tikvah is a mandated reporter.

## **This is what I need to do as a Mandated Reporter at Temple Beth Tikvah, in compliance with the State Law and the policy advanced by TBT's Board of Trustees:**

### **2019-2020**

- 1) Go to my Supervisor, either the Director of Education, the Rabbi or the Cantor.
- 2) Provide them with the relevant information so that ONE OF THEM can document and report the necessary information. You will be listed as the mandated reporter, but one of our directors or clergy will make the call.
- 3) If danger is imminent, call 911 or the Fulton County Department of Family and Children Services

Satellite office:

- 300, Atlanta, Georgia 30328, 404-252-2180
- <http://dfcs.dhs.georgia.gov/>
- If after hours/weekend, call the DFCS toll-free line: 1-855-GA CHILD or 1-855 422-4453 (open 5:00 p.m. – 8:00 a.m. weekdays / 24 hours on the weekend, holidays and furloughs)