

RS/HS Registration Fees Payment Form 2011-2012/5772

Early Registration discount Deadline July 15th \$30 per child per class

\$100 deposit required upon registration

Child'(s) Last Name: _____ Parent(s) Name: _____

Child's Name 1 _____ Child's Name 2 _____

Child's Name 3 _____ Child's Name 4 _____

❖ **Religious School Fees (includes snack and earthquake kits)**

❖ **tuition doubled if non-members)**

Sesame Shul-7th Grade

_____ \$485 one child

_____ \$500 Haskalah (8th & 9th Grades)

_____ \$855 two children

_____ \$515 Confirmation (10th Grade)

_____ \$1190 three children

_____ \$325 Post-Confirmation (11th & 12th Grades)

_____ \$300 each additional child

Total: _____

❖ **Hebrew School Fees (tuition doubled if non-members)**

_____ \$440 Hebrew School

_____ \$265 Hebrew School Maintenance Fee**

**see list (applies to families using private tutors in lieu of Hebrew School)

Total: \$ _____

| | |
|--------------------------|----------|
| TOTAL FEES | \$ _____ |
| Less Early Reg. Discount | \$ _____ |
| PAID | \$ _____ |
| BALANCE | \$ _____ |

PAYMENT SCHEDULE:

**Temple Beth David Religious School
Registration/Emergency Form
(an updated form is required each school year)
2011-2012/5772**

(Please print)

Mother/Parent/Guardian

Father/Parent/Guardian

Last Name First Name

Last Name First Name

Address

Address

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Telephone: Home (_____) _____

Telephone: Home (_____) _____

Work (_____) _____

Work (_____) _____

Cell (_____) _____

Cell (_____) _____

Pager (_____) _____

Pager (_____) _____

E-mail _____

E-mail _____

Child's email address _____

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Other _____

Parent not living with children who should receive school mailings:

Name

Address

City/State/Zip Code

(_____) _____
Phone

List all children enrolling in Religious School for September 2011 (Sesame Shul-12th Grade):

| Student's First Name (and last name if different than parent) | Birth Date Month /Day /Year | As of September 2011 | | Religious School Year | Hebrew School Year |
|---|--------------------------------|----------------------|--------------------------|--------------------------|-----------------------|
| | | Age | Grade Name of Day School | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Please list 3 names to whom student may be released in case of emergency if parents cannot be reached:

Name Relationship Phone

1. _____

2. _____

3. _____

Complete both sides of this form

Please describe any special needs that might affect your child's performance and/or participation in class:

(Parents are encouraged to speak to both the Director of Education and classroom teacher(s). All discussions are confidential.)

What expectations do you have regarding your child's Jewish education at Temple Beth David Religious School?

I/we would like to be more involved in our children's Jewish education at Temple Beth David. I/we would be happy to:

- Be a Room parent for Grade ____ (assisting with plans for class holiday and special activities and making phone calls when necessary)
- Be a member of the Education Committee (committee meets 6-8 times yearly)
- Help with School Fundraisers and Scholarship recruitment
- Help coordinate and/or purchase food for our snack program
- Sponsor a Special Program
- Assist with special projects (murals, Holiday activities, arts and crafts projects, drama activities, etc.)

Your comments about our Religious School are welcome:

Medical Release

Doctor's Name _____ Phone (_____) _____

Allergies or special medical conditions _____

May we administer Tylenol to your child? Yes No

I/we hereby give permission for the enrolled child(ren) to be given emergency care as administered, authorized or directed by any adult person acting on behalf of Temple Beth David Religious School. Such care may include x-ray examination, rendered to said minor under the provisions of the Medicine Practice Act; anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth David Religious School personnel will try, but not be required, to communicate with me prior to such treatment.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

For office use only

Complete both sides of this form