**FAMILY INFORMATION**

Parent/Guardian Name: Relationship:

Cell: ( ) Address:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: Relationship:

Cell: ( ) Address:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of divorce, how is custody legally mandated?

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name** | **Date of** **Birth** |  **Student’s**  **Grade in****2020-2021** | **Name of Secular School** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMERGENCY CONTACT INFORMATION** (*Other than guardians listed above)*

|  |  |  |
| --- | --- | --- |
| **Contact Name** | **Cell Phone Number** | **Relationship** |
|  |  |  |
|  |  |  |

**PICK-UP AUTHORIZATION** *(Other than above guardians) – The following people are authorized for student(s) listed in this form to be released to:*

|  |  |  |
| --- | --- | --- |
| **Name** | **Cell Phone Number** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MEDIA AUTHORIZATION:** *Occasionally, pictures or videos are taken of our students which may appear in synagogue newsletters, websites, social media or other community communications.* ***Please initial below*** *your approval of your child’s appearance in publicity photos.*

I/We Give Permission I/We Do Not Give Permission

**MEDICAL INFORMATION AND CONSENT TO TREAT 2020-2021**

**pLEASE FILL OUT ONE SHEET PER CHILD SO THAT WE CAN BEst SUPPORT ALL OF OUR STUDENTS.**

**Student’s Full Name Date of Birth / /**

**PLEASE CHECK ALL THAT APPLY:**

**How would you describe this student (socially and as a learner)?**

**What is this student’s general attitude toward learning?**

**Which learning styles best suit this student? (Check all that apply):**

|  |  |
| --- | --- |
| * Logical/Mathematical
 | * Linguistic (Verbal/Reading)
 |
| * Musical
 | * Bodily/Kinesthetic
 |
| * Visual/Spatial
 |  |

**This student learns best by… (Check all that apply):**

|  |  |
| --- | --- |
| * Seeing
 | * Listening
 |
| * Doing
 | * Reading
 |

**Does your student have any of the following? (Check all that apply):**

|  |  |
| --- | --- |
| * **Allergies:**
* **Foods:**
* **Medications:**
* **Environmental:**
 | * **Mental Health:**
 |
| * **Learning Differences:**
 | * **Medical Diagnosis:**
 |
| * **Impairments:**
* **Speech –**
* **Hearing –**
* **Visual -**
 | * **Medications PRESENT at School:**
 |

**Does your student have any of the following? (Check all that apply):**

|  |  |  |
| --- | --- | --- |
| * **IEP (Individualized Education Plan)**
 | * **Behavior Plan**
 | * **No, but we are working to develop one or more of these**
 |
| * **504 Plan**
 | * **None of the Above**
 |  |

**I/We, the undersigned, have legal custody of the student named above, a minor, and have given consent to Beth Torah Congregational Learning Center staff during the 2020-2021 school year. In case of a medical emergency, I/We understand that every effort will be made to contact the parent or guardian. In the event that I/We cannot be reached, I/We hereby authorize and consent to my child to be transported to the nearest medical facility in addition to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any licensed medical personnel on the staff of a licensed hospital. I/We assume financial responsibility for any and all treatment rendered under these circumstances. I/We agree to indemnify and to hold Congregation Beth Torah harmless from any and all claims for medical expenses or treatment arising from attendance at the Beth Torah Congregational Learning Center or activities.**

**Parent/Guardian Signature Date**

**2020-2021 TUITION**

**Student Name(s) and Grade(s):**

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

Name Grade Name Grade Name Grade

 **A Tuition Deposit of $165 for the first student and $65 for each additional student in same household is due by May 17th. Tuition Deposit includes ISJL fee. This deposit must be paid in full and accompany the enrollment forms. This deposit is non-refundable and non-transferrable. *After May 17th, the Tuition Deposit is $215 per student/$115 each additional student.***

|  |
| --- |
| **STEP #1 -Select Tuition Deposit Payment Option**  |
| **** By Check $\_\_\_\_\_\_\_\_\_\_\_enclosed | Check # |
| **** By Credit Card $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name on Credit Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: / |

**CONSECRATION FEE FOR 3RD GRADE STUDENTS ONLY: ADDITIONAL $50 DUE WITH REGISTRATION. Fee includes Siddur, class pictures and individual student portrait.**

**STEP #2 – Select Tuition Balance Payment Options – (Please check one):**

**** Pay full tuition by September 13, 2020

 **** Check

**** Credit Card

**** Pay 8 monthly payments (September – April)

 **** Check \_\_\_\_\_\_ post-dated checks \_\_\_\_\_\_ bill me each of 8 months

**** Credit Card

**** Tuition assistance required: Treasurer will contact to discuss financial arrangements.\*

 Best time to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Best phone # to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Arrangements must be finalized prior to 1st day of school

**STEP #3 – Tuition Balance**

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Number of Students | **Tuition Balance Per Student****(after deposit paid in full)** | Total |
| Kindergarten, 1st Grade, 2nd Grade |  | $890\* |  |
| 3rd Grade, 4th Grade, 5th Grade, 6th Grade |  | $1230\* |  |
| 7th Grade  |  | $890\* |  |
|  | **Total Tuition Balance Due=** |  |

\*Tuition fee includes class materials, security fee & youth programming