The first day of Religious School for the 2017-2018 School Year will be August 20, 2017.

We will be having orientation for both students and parents starting at 9 AM in the sanctuary. After students go to class, parents will be able to gather together for bagels and coffee.

Parents will have the opportunity to ask questions about what their child will be learning this year as well as learn about ways to get involved in our Religious School.

Please mark your calendars for what is sure to be a fun and meaningful day!

If you have any questions, feel free to contact Ms. Beth at beth@bethelbeaches.org or call 273-9100.

Beth El-The Beaches Religious School
Registration Form
Fees & Tuition 2017-18 School Year

Early Registration Deadline for Discounted Payment is June 30, 2017

All student families must be Synagogue members in *good standing* for the year (Includes one-time non-member status).
Good standing means a membership application for Year 2017-18 on file, dues commitment on file, dues payments remain current and/or paid in full on or before year's end. Note: Special financial arrangements are considered on an annual basis by the Treasurer and remain confidential.

All school fees must be paid in full by January 1, 2018

Parent(s)/Guardian(s) Name(s) _____

Membership Name _____

Child's Name and Grade _____

Child's Name and Grade _____

Child's Name and Grade _____

☐ **Registration Fee** ***$ 225.00 (Before June 30, 2017 $ 125.00)*** **Amount Due $** _____

☐ **Tuition** includes books and supplies **Number of Children** _____
$720.00 *per* student (5% sibling discount or $684 for each additional student)

☐ **1 Child $ 720.00** **2 Children $ 1,404** **3 Children $ 2,088** **Amount Due $** _____

☐ **Non-Member Tuition: $ 1,320.00 for one student (with prior approval)** **Amount Due $** _____
PreK-2nd grade option; one-time only per student and family for "trial" year. After "trial" year students' family must become members.

☐ **B'nai Mitzvah Tuition: $900.00 *per* student.** Number of Students _____ **Amount Due $** _____
(Note: B'nai Mitzvah fees are in addition to regular Tuition fee) **$100.00 minimum deposit required to hold date chosen.
** Paid in full 12 months before ceremony date.

☐ **8th/9th Grade Tuition: $325.00 *per* student.** Number of Students _____ **Amount Due $** _____

☐ **Confirmation Class – Grade 10** **$ 250.00 *per* student** Number of Students____ **Amount Due $** _____

TOTAL SCHOOL FEES DUE: **$** _____

☐ ***Please complete (1) Enrollment sheet per Family and (1) Medical Release per student.***

Administrator's verification of Amount Due _____

School Payments Require Current Beth El Membership. Please indicate your Membership Status below:

☐ **Renewal of Annual Synagogue Membership, Fiscal Year 2017-18 (July 1, 2017-June 30, 2018), Date Submitted_____, 2017**

☐ **New Membership Application Attached _____ or Date Application Submitted _____, 2017**

Payment Options:

_____ In Full by August 1, 2017

_____ 50% by August 1, 2017 and 50% by January 1, 2018

_____ 34% by August 1, 2017, 33% by October 1, 2017, final 33% by January 1, 2018

I choose the following payment method: Cash _____ Check # _____ PayPal _____ Credit Card _____ Billing Zip Code _____

Visa or MasterCard (circle one) Card # _____ CVV#_____

Expiration Date: _____ Name as it Appears on Card: _____

I hereby authorize Beth El-The Beaches Synagogue to charge the credit card specified above as a **one-time** payment. **No recurring payments** can be made via credit card. To make a recurring payment, visit the Beth El website at www.bethelbeaches.org and go to the Donate tab. Be sure to specify the description of the payment and, if you so desire, you can choose a recurring payment there.

Credit Card Authorization Signature: _____Date_____

I hereby agree to pay my child's tuition as specified above. If tuition is not paid in full by January 1, 2017, I understand my child may be excluded from attending Beth El-The Beaches Religious School. Should legal collection become necessary, I agree to pay all reasonable attorneys, court, and other costs incurred in collection of such fees. I further understand that Religious School payments are separate from and in addition to membership dues payments.

☐ **Signature of Person Responsible for Payments:**_____ **Date**_____

Office Use Only: *Synagogue Member Renewal FY17-18:* commitment pending _____ *or* commitment received _____
New Synagogue Member FY17-18: commitment pending _____ *or* commitment received _____ *Non-Member Status Approved* _____
School Payment Received $_____ **Allocation of School Payments:**
Registration $_____ Tuition $_____ Non-Member _____ B'nai Mitzvah Tuition $_____ Confirmation $ _____

Beth El-The Beaches Synagogue
Medical Release/Emergency Information
Please Print (All information must be complete before children may attend class.)

Child's Name _____ Gender (circle one) M F

Child's Hebrew Name _____

Age _____ Date of Birth _____ Religious School Grade _____

Address _____ City/Zip _____

Parent 1 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address Same? _____ If Different _____

Email Address _____

Parent 2 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address Same? _____ If Different _____

Email Address _____

Parent 1 Occupation _____ Parent 2 Occupation _____

Child's Physician _____ Phone Number _____

Known Allergies _____

Regularly Taken Medications _____

It is understood that my child, _____ , is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program.
I hereby authorize the Education Director or agents of Beth El's Religious School to make available to my child, _____ , professional medical care, if such care is needed. It is understood that a conscientious effort will be made to notify me, my spouse, or designated emergency contact 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. I give my permission for my child to receive proper medical treatment by any doctor, nurse, paramedic, or hospital medical staff licensed by the State of Florida.

Parent Signature _____ Date _____

Emergency Contact #1 _____ Relationship _____

Home Phone _____ Cell _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Cell _____

Beth El-The Beaches Synagogue
Grandparent Information Sheet
Please Print.

Grandparent 1 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

Email Address _____

Relation to Student (Maternal Grandmother, etc.) _____

Grandparent 2 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

Email Address _____

Relation to Student (Maternal Grandmother, etc.) _____

Grandparent 3 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

Email Address _____

Relation to Student (Maternal Grandmother, etc.) _____

Grandparent 4 Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

Email Address _____

Relation to Student (Maternal Grandmother, etc.) _____

BETH EL

The Beaches Synagogue

During the year, at synagogue events, we hope to take lots of pictures, many of which we may wish to post Beth El website, Facebook page, or other media outlets (such as the Jacksonville Jewish News) to publicize our activities and enable us all to enjoy and remember these events. These postings will contain pictures only, **without any identifying names.** We recognize, however, that some parents may choose not to have their children's pictures on our website, and we wish to respect that sense of privacy. To help us, please fill out the following permission form, so that we will be advised of your choice.

_____I give permission

_____I do not give permission

to Beth El- The Beaches Synagogue to post pictures of myself and my children on the Beth El website, Facebook page, or other relevant places.

Name of child/children _____

Signature of parent or guardian _____

Date _____

BETHEL

The Beaches Synagogue

A REFORM CONGREGATION

Religious School Calendar
Meets on Sundays from 9:00 AM to 12:00 PM
Opening Day – August 20, 2017

August:
20, 27

September:
*, 10, 17, 24

October:
*, 8, 15, 22, 29

November:
5, *, 19, *

December:
3, 10, 17, *, *

January:
7, *, 21, 28

February:
4, *, *, 25

March:
4, 11, *, *

April:
*, 8, 15, 22, 29

May:
6

Teacher Meetings: August 13th at 10:00 AM
October 22nd after Religious School
January 7th after Religious School
March 4th after Religious School
May 6th after Religious School

Madrichim Meetings: August 13th at 10:00 AM
October 29th at 9:00 AM
March 4th at 9:00 AM

Denotes an 8th/9th Class Meeting

*Denotes a "no school" day

9-3 . . . . . Labor Day Weekend
10-1 . . . . . High Holy Day Break
11-12 . . . . . Veterans' Day Weekend
11-26 . . . . . Thanksgiving Weekend
12-24 to 12-31 . . . . . Winter Break
1-14 . . . . . Martin Luther King, Jr. Day
2-11 . . . . . 26.2 With Donna Marathon Weekend
2-18 . . . . . Presidents' Day
3-18 to 4-01 . . . . . Spring Break

Schedule of Events

Sunday, August 20th	Religious School Orientation
Thursday, September 21st	Rosh Hashanah (4th grade and under are to attend the Youth Service in the Social Hall)
Saturday, September 30th	Yom Kippur (4th grade and under are to attend the Youth Service in the Social Hall)
Sunday, October 8th at 12:00 PM	Pizza in the Sukkah
Friday, October 13th at 7:00 PM	Kindergarten Consecration/Simchat Torah
Sunday, October 22nd at 9:30 AM	B'nai Mitzvah Meeting (6th & 7th Grade Parents)
Friday, October 27th at 5:30 PM	Family Shabbat
Sunday, December 17th	School Hanukkah Celebration (during Religious School)
Sunday, December 17th at 5:30 PM	Congregational Hanukkah Dinner (Benefitting the Religious School)
Sunday, January 28th	Family Education Day
Sunday, February 25th	School Purim Celebration
Sunday, March 11th	School Passover Celebration
Sunday, April 8th at 5:30 PM	Spaghetti Dinner and Bingo Night
Friday, April 27th at 5:30 PM	Family Shabbat
Friday, May 18th at 7:00 PM	Confirmation

School Phone Number ..... (904) 273-9100
Sunday Phone Number .....(904) 514-5649

School Policies and Procedures:
In the event you need to pick up your child early, kindly come to the front lobby of the synagogue to sign out your child. We will bring your child to you.

For safety reasons, please **do not** attempt to pick up your child directly from the classroom.

Please refrain from texting or calling your child during school hours.

We have a dress code. This includes: no spaghetti straps without a covering, no flip flops for safety reasons, and no inappropriate/offensive/political t-shirts.

Thank you for following these procedures!