

BETH EL

School Registration Form

Early Registration Deadline for Discounted Fee is June 30, 2022.

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 2022-23 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 and tuition must be paid in full by January 1, 2023

PERSONAL INFORMATION

Parent(s)/Guardian(s) Name(s):

1. Child's Name:

Child's Grade:

Child's Hebrew Name:

2. Child's Name:

Child's Grade:

Child's Hebrew Name:

3. Child's Name:

Child's Grade:

Child's Hebrew Name:

PAYMENT

Registration Fee: \$125 (\$225 after deadline) **Member Tuition:** Grades Pre-K – 7 (including books and supplies):

☐ 1 Child (\$760)

☐ 2 Children (\$1,482)

☐ 3 Children (\$2,204)

☐ **Non-Member Tuition:** \$1,330.00 for one student

Pre-K - 3rd grade option: one-time only per student and family for "trial" year After "trial" year students' family must become members.

☐ **B'nai Mitzvah Fee:** \$1300.00 per student (includes all supplies). B'nai Mitzvah Fee is in addition to regular Tuition Fee. \$300 minimum deposit required to hold date chosen and \$1,000 fee paid in full prior to start of tutoring.

☐ **8th/9th Grade Tuition:** \$335.00 per student. Number of students: _____

☐ **Confirmation Class Fee – Grade 10:** \$260.00 per student. Number of Students: _____

TOTAL SCHOOL FEES DUE: \$ _____

Executive Director's verification of amount due: \$ _____

School Enrollment Requires Current Beth El Membership. Please indicate your Membership Status below:

Renewal of annual synagogue membership, fiscal year 2022-23, date submitted: ____/____/____

New membership application attached: ☐, or date application was submitted: ____/____/____

PAYMENT OPTIONS

☐ Pay in full by August 1, 2022 or ☐ Pay 50% by August 1, 2022 and 50% by January 1, 2023

☐ Cash or ☐ Check # or ☐ Credit Card

☐ Visa ☐ Mastercard ☐ American Express Card #:

Exp Date: CVV:

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 with a 3% processing fee added.

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, 2023, 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: ____/____/____



Medical & Emergency Information 2022/2023

PERSONAL INFORMATION

Child's Name:			Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female		
Age:	Date of Birth:	School Grade:	Religious School Grade:		
Address:			City/Zip:		
Mother's Name:					
Email:			Main Phone: () -		
Address (If Different):					
Occupation:			Employer:		
Father's Name:					
Email:			Main Phone: () -		
Address (If Different):					
Occupation:			Employer:		
Child's Physician:			Main Phone: () -		
Address:			City/Zip:		
Insurance Company:			Policy #:		
Allergies:					
Medications:					
<input type="checkbox"/> 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					
<input type="checkbox"/> I hereby authorize the Education Director or agents of Beth El Religious School to make available to my child _____ professional medical care if such care is needed.					
<input type="checkbox"/> It is understood that every 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, and paramedic or hospital medical staff licensed by the State of Florida.					
Parent Signature:			Date:		
Emergency Contact (other than parent) Name:					
Relationship:			Main Phone: () -		



Parent Volunteer Form

RELIGIOUS SCHOOL

Jewish education is a partnership between the families and the synagogue. Both are vital components in a successful program. Throughout the religious school year we rely on parents for a variety of things including helping in the classrooms and special events, serving on our education committee, and sharing your skills and talents. Please return this form to the synagogue office with your registration form and let us know how you will help us in the upcoming school year!

I would like to apply for:

- ☐ **Shalom Parent:** sits in the lobby and monitor and assist with the coming and going of students
- ☐ **Room Parent:** keeps in contact with his/her child's teacher and assists the teacher with special projects and events. Room parents also help to organize the snack schedule and communicate with other parents.
- ☐ **Parent with Skill or Talent:** Have you recently visited Israel and would be willing to talk to your child's class? - Do you play a musical instrument? - Do you love to cook and would be happy to assist a teacher in a cooking project? - Are you an artist? **My Skill or Talent:** _____
- ☐ **Education Committee Parent:** Please contact Vickie Kennedy for more information.
- ☐ **Special Projects/Events Parent:** Helps with (check which events you are interested in):
 - ☐ Fundraisers ☐ Pizza in the Hut ☐ Hanukkah Celebration ☐ Family Shabbat Dinner
 - ☐ Baking ☐ Purim Celebration ☐ Bingo Night ☐ Passover-Model Seder

Name:

Email:

1. Child Name:	Grade:
2. Child Name:	Grade:
3. Child Name:	Grade:
4. Child Name:	Grade:



Media Release

INFORMATION

1. Child's Name:

Age:

Religious School Grade:

2. Child's Name:

Age:

Religious School Grade:

3. Child's Name:

Age:

Religious School Grade:

4. Child's Name:

Age:

Religious School Grade:

During the year, at Religious School and Synagogue events, we hope to take lots of pictures, many of which we may wish to post on the Synagogue's website, Facebook page and Instagram and in newspapers and brochures, to enable everyone to enjoy and remember these special times. 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 used, and we wish to respect that sense of privacy. Do you give permission to Beth El - The Beaches Synagogue to post pictures of you and your child(ren) on the Synagogue's website, Facebook page and Instagram and in newspapers and brochures?

☐ I give permission

☐ I do not give permission

Parent Signature: _____ Date: _____