

BETH EL

School Registration Form

Early Registration Deadline for Discounted Fee is June 30, 2021.

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 2021-22 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, 2022

PERSONAL INFORMATION

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

1. Child's Name:

Grade:

Hebrew Name:

2. Child's Name:

Grade:

Hebrew Name:

3. Child's Name:

Grade:

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 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 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.

Name of B'nai Mitzvah Student _____

☐ **8th/9th Grade Tuition:** \$335 per student. Number of students: _____

☐ **Confirmation Class Fee – Grade 10:** \$260 per student. Number of Students: _____

TOTAL SCHOOL FEES DUE: \$ _____

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

Renewal of annual synagogue membership, fiscal year 2021-22, date submitted: ____/____/____

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

PAYMENT OPTIONS

☐ Pay in full by August 1, 2021 or ☐ Pay 50% by August 1, 2021 and 50% by January 1, 2022

☐ 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, 2022, 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 and Emergency Information 2021/2022

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:					
Medical and/or Educational Concerns:					
<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: () -		



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 plan to take lots of pictures, many of which will be posted on the Synagogue's website and eblast, Facebook page, 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: _____



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 volunteer in the following ways:

- ☐ **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:

BETH-EL

Grandparent Information

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:

1. Grandparent's Name:

☐ Maternal

☐ Paternal

Email:

Mobile Phone: () -

Home Address:

Interested in Volunteering:

☐ Yes

☐ No

2. Grandparent's Name:

☐ Maternal

☐ Paternal

Email:

Mobile Phone: () -

Home Address:

Interested in Volunteering:

☐ Yes

☐ No

3. Grandparent's Name:

☐ Maternal

☐ Paternal

Email:

Mobile Phone: () -

Home Address:

Interested in Volunteering:

☐ Yes

☐ No

4. Grandparent's Name:

☐ Maternal

☐ Paternal

Email:

Mobile Phone: () -

Home Address:

Interested in Volunteering:

☐ Yes

☐ No

2021-2022 Beth El Religious School Calendar
Meets on Sundays from 9:00 AM to 12:00 PM
Opening Day – August 22, 2021

August:

22,29

January:

*, 9, *, 23, 30

September:

*, *, 19,26

February:

6, 13, *, 27

October:

3, 10,17, 24, 31

March:

6, *, *, 27

November:

7, 14, 21, *

April:

3, 10, *,24

December:

5, 12,19,*

May:

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Teacher Meetings: August 8 at 9:00-12:00
 October 17th after Religious School
 February 6th after Religious School

Madrichim Meetings: August 8th at 11:00 AM

*Denotes a “no school” day

9-5 Labor Day Weekend
 9-12 High Holy Day Break
 11-28 Thanksgiving Weekend
 12-26, 1-2 Winter Break
 1-16..... Martin Luther King, Jr. Day
 2-19 Presidents’ Day
 3-13,3-20 Spring Break
 4-17.....Passover
 5-1..... Last Day of Religious School

Schedule of Events

Sunday, August 15 at 10:00 AM	Open House
Sunday, September 19 th 11:30 AM	Pizza in the Hut
Friday, September 24 7:00 PM	Kindergarten Consecration/Simchat Torah
Friday, October 15 th 7:00 PM	Pizza and Bingo & Student Led Shabbat
Sunday, October 17 th 9:30 AM	B'nai Mitzvah Meeting
Saturday, November 6 th 6:30 PM	Havdalah Service and Student Social
Sunday, December 5 th	School Hanukkah Celebration (during Religious School)
Sunday, December 5 th 5:30 PM	Congregational Hanukkah Dinner (Benefitting the Religious School)
Saturday, February 5 6:00 PM	Havdalah and Student Social
Sunday, February 27 th 11:00 AM	School Purim Celebration
Sunday, March 27 th	School Passover Celebration
Friday, April 8 th 5:30	Pizza &Bingo/Student Led Shabbat