

REGISTRATION FORM & CONTRACT – **BET through Vav** - 2020-2021

FAMILY LAST NAME:

FAMILYID:

Child's Name: _____ Child's Hebrew Name: _____ M/F: _____ Birthday: _____ Grade-Sept. 2020: _____

(Allergies, medications, food restrictions) _____

Does he/she have an IEP or special arrangements in Public School? _____

Child's Name: _____ Child's Hebrew Name: _____ M/F: _____ Birthday: _____ Grade-Sept. 2020: _____

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(Allergies, medications, food restrictions) _____

Does he/she have an IEP or special arrangements in Public School? _____

☐ **Check here if you would like to receive a phone call from Rabbi Amy Roth or Avi Siegel to discuss any additional information you feel necessary to help us better understand your child(ren)'s educational needs.**

Emergency Contacts (if you are not available):

Relationship:
 Name & Phone 1:
 Phone 2:

Emergency Contact 1

Emergency Contact 2

Emergency Contact 3

Please return all pages of form no later than August 21st

☐ **I GIVE KRS permission** to use photos of my child(ren) in its publicity such as in synagogue newsletters, on the TIGN or TBE website, in local newspapers, etc.

☐ **I DO NOT GIVE KRS permission** to use photos of my child(ren) in its publicity such as in synagogue newsletters, on the TIGN or TBE website, in local newspapers, etc.

Please check a box and sign: _____

(KRS will assume permission for possible use of photos of your child(ren) unless you indicate otherwise.)

Please complete the information below.

If you are already a **Temple Israel member**, or have enrolled for one of our schools in a previous year, please check one of the following:

- ☐ There have been no changes in my contact information in the last year.
- ☐ I have completed the information for any changes below.

If you are a new family, please complete all information below.

Family Name and Address:

Adult #1 Information

Adult #1:

Home Phone:

Cell Phone:

Adult #1 Email Address:

Adult #2 Information:

Adult #2:

Adult #2 Email Address:

Address (correct if different than Adult #1):

Home Phone (correct if different from Adult #1):

Cell Phone:

SCHEDULE FOR CLASSES AND ZOOM HEBREW TUTORIALS

SUNDAYS: Bet & Gimmel on site from 9:30-11:30;

TUESDAYS: Dalet, Hay and Vav on site from 4:30-6:30PM

Dalet, Hay and Vav via Zoom – check with teacher for times

Bet & Gimmel via Zoom – check with teacher for times

GRADE IN SEPTEMBER 2020	FIRST NAME(S) OF STUDENTS	REQUEST 1 OR 2 FRIENDS PER CHILD (NEEDS TO BE RECIPROCAL) - NO GUARANTEES
Bet (2 nd)		
Gimmel (3 rd)		
Dalet (4 th)		

GRADE IN SEPTEMBER 2020	FIRST NAME(S) OF STUDENTS	REQUEST 1 OR 2 FRIENDS PER CHILD (NEEDS TO BE RECIPROCAL) - NO GUARANTEES
Hay (5 th)		
Vav (6 th)		

Bet-Vav tuition \$ 1,300.00 x _____ (Number of Bet-Vav students) = _____

Covid-19 Fee \$ 36.00 x _____ (Number of Bet-Vav students) = _____

The Covid-19 fee covers costs associated with specialized cleaning equipment, green chemicals, additional labor and PPE to ensure the safety of our students and staff.

Voluntary contribution to Religious School Scholarship fund (**circle amount:** \$18, \$36, \$54, other) = \$ _____

Voluntary Parent Association dues (Check here ☐ to have this distributed into your monthly payment) \$ **36.00**

Total Tuition = \$ _____

Please note: This tuition reflects a hybrid (partially on-site/partially virtual) religious school program.

Should we need to become fully virtual, religious school tuition will be adjusted.

*Perhaps you do not know that tuition alone only covers part of the costs of operating our Religious School. The school's expenses are significantly subsidized by synagogue membership dues and contributions. As a result, support provided by the Religious School Parent's Association underwrites the costs of equipment, programs, and "special touches" for things which the budget doesn't allow us to address. **Please support the PA with a dues payment of only \$36 per family.** Your PA dues truly enhance the quality and richness of our wonderful school! Thanks so much.*

Form will not be accepted without the payment agreement on page 4.

REGISTRATION GUIDELINES: Temple Beth-El Families will be billed by Temple Beth-El.

★ You will be Billed/Charged in **August 2020**. Deposit of 50% MUST BE RECEIVED by **August 31st, 2020** in order for your child(ren) to start school.

★ The remaining 50% balance must be paid by **the first day of school (to be announced) September 2020**. If you are paying the balance by credit card installments, there will be five equal installments commencing **September 2020** and ending **January 2021**.

I am aware of these guidelines and understand that (unless other arrangements have been made) if my balance is not paid in full by **January 2nd, 2021, my credit card will be charged for the balance.**

Signature: _____

(No registrations will be accepted without a signature)

Deposit of 50%:

_____: I am paying by check. Please bill me. _____: I am paying by credit card. Please charge my card.

Remaining 50% of tuition options for payment:

_____: I am paying the remaining 50% by check by **September 11th**. Please bill me. ***If my check is not received by September 11th my credit card will be charged.***

_____: I am paying the remainder in 5 equal installments commencing **September 2020** and ending in **January 2021**.

_____: I am paying the remainder in ____ equal installments commencing _____ and ending in _____. Please charge the credit card provided.

Charge my: ☐ American Express ☐ Visa ☐ Mastercard ☐ Discover

Account Number _____ **Exp. Date** _____

Cardholder Name _____

Cardholder Signature _____

NO REGISTRATION WILL BE ACCEPTED WITHOUT CREDIT CARD INFORMATION.