



RELIGIOUS/HEBREW SCHOOL REGISTRATION 2008-2009

PLEASE PRINT

Child(ren)'s Last Name: _____

Parent 1 (Last): _____ (First): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

E- Mail: _____

Parent 2 (Last): _____ (First): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

E- Mail: _____

Child(ren) reside(s) with: Both parents Parent 1 Parent 2

Send mail to: _____

Medical Information:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Choice: Nearest Other _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Congregation Beth Tikvah or its agent to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child(ren) as named in this registration form.

Parent's Signature: _____

Emergency Contact:

Name: _____

Relationship: _____ Phone: _____

Publicity Release for Minors: We occasionally submit pictures of our activities for publication and/or post them on our website. Please tell us if we have your permission to publish pictures of your child(ren). As a matter of policy we DO NOT identify children by name.

_____ I hereby consent to the publication of photographs, video or quotes by my son/daughter in print or on the Beth Tikvah website for the school year 2008-2009.

_____ No, I do not give my permission.

Parent's Signature: _____

RELIGIOUS SCHOOL BEGINS SEPTEMBER 7
HEBREW SCHOOL BEGINS SEPTEMBER 3

Continued on reverse side →→→→→→→→→→→→→→→→

Session 1: Parent-Tot - 2nd 8:45 to 10:45 A.M.

Session 2: 3rd - 6th 11:00 A.M. to 1:30 P.M.

Session 3: 7th - Confirmation 4:00 to 6:00 P.M.

Hebrew Levels: Alef (3rd grade) Bet (4th Grade) Gimel (5th Grade) Dalet (6th Grade)

COMPLETE FOR EACH CHILD BEING REGISTERED:

1. Name (Last): _____ (First): _____ M ___ F ___

Birthdate: ___ / ___ / ___ Grade as of September 2008: ___ School: _____

Allergies: _____ Medications: _____

Religious School Grade: 1 Special Needs: _____

Hebrew School Level: _____ **Select a WED. session:** 4:30-6:15 P.M. **OR** 6:30-8:15 P.M.

2. Name (Last): _____ (First): _____ M ___ F ___

Birthdate: ___ / ___ / ___ Grade as of September 2008: ___ School: _____

Allergies: _____ Medications: _____

Religious School Grade: _____ Special Needs: _____

Hebrew School Level: _____ **Select a WED. session:** 4:30-6:15 P.M. **OR** 6:30-8:15 P.M.

3. Name (Last): _____ (First): _____ M ___ F ___

Birthdate: ___ / ___ / ___ Grade as of September 2008: ___ School: _____

Allergies: _____ Medications: _____

Religious School Grade: _____ Special Needs: _____

Hebrew School Level: _____ **Select a WED. session:** 4:30-6:15 P.M. **OR** 6:30-8:15 P.M.

Enrollment Policy: Membership in Good Standing is a prerequisite for enrollment in the Religious or Hebrew Schools. This means all dues, tuitions and fees from the previous year are paid in full, and this year's invoice must be submitted with a minimum of the first quarter or monthly payment.

TUITION FEES/PER CHILD (transfer this amount to section B)

	Registration (postmarked by 7/1/08)	Late Registration (postmarked after 7/1/08)
Parent-Tot: (2 ½ - 3 year olds)	\$160.00	\$185.00
Religious School: Gan (4 & 5 year olds) – 9 th grade	\$310.00	\$360.00
Confirmation Class (10 th grade) (includes Oneg & Photograph Fee)	\$385.00	\$435.00
Hebrew School: Alef – Dalet (3 rd – 6 th grade)	\$550.00	\$600.00
Private Hebrew Tutor (by approval only)	\$810.00	\$860.00

A late fee of \$50 per child/per class will be assessed to all registrations postmarked after July 1.

If paying full tuition will present a financial hardship, note the adjusted amount your family can pay for tuition on the attached invoice form. All adjustment requests are subject to approval by the Finance Chair.

