



Beth El-The Beaches Synagogue
RELIGIOUS SCHOOL
 2008-2009 Registration Form

STUDENT NAME _____

HEBREW NAME _____ MOTHER JEWISH (Y/N) _____

ADDRESS _____

CITY, STATE, ZIP _____ HOME TELEPHONE _____

PARENTS _____

MOTHER'S CELL _____ FATHER'S CELL _____

MOTHER'S WORK _____ FATHER'S WORK _____

EMERGENCY CONTACT (NAME&NUMBER) _____

GRADE ENTERING SCHOOL _____ AGE _____ DATE OF BIRTH _____

ANY HEALTH CONCERNS? ALLERGIES? _____

SIBLINGS _____



Registration Fee: \$50.00 per family

5% Sibling Discount*

Tuition:	PreK-2nd	\$450.00	\$427.50
	3rd - 7th	\$625.00	\$593.75

* First child tuition is full price, younger children receives the 5% sibling discount. One registration fee is required per family. Tuition must be paid in full by January 2008.

I would also like to donate \$ _____ to the School Excellence Fund.

Payment plans and Financial Assistance are available, upon request and approval by the Education Director.

Full tuition is expected for every student for the school year (including year of Bar/Bat Mitzvah)

Parents of students are required to be members of Beth El-The Beaches Synagogue.

Total Paid for this student: _____

Yes! I can volunteer.

I would especially like to help with:

Sukkot Hanukkah Purim Carnival Model Seder Graduation