



Beth E I-T he Beaches Synagogue Religious School

288 North Roscoe Boulevard Ponte Vedra Beach, FL. 32082 904.273.9100

2010-2011 Registration Form

INFORMATION

STUDENT NAME _____ GENDER M F
HEBREW NAME _____ DATE OF BIRTH _____ GRADE _____ AGE _____

SECOND CHILD ENROLLED

STUDENT NAME _____ GENDER M F
HEBREW NAME _____ DATE OF BIRTH _____ GRADE _____ AGE _____

THIRD CHILD ENROLLED

STUDENT NAME _____ GENDER M F
HEBREW NAME _____ DATE OF BIRTH _____ GRADE _____ AGE _____

PARENT INFORMATION

MOTHER'S NAME _____ BETH EL MEMBER Y N

FATHER'S NAME _____ HOME PHONE _____

STREET _____ CITY, STATE, ZIP _____

MOTHER'S EMAIL _____ FATHER'S EMAIL _____

MOTHER'S CELL _____ FATHER'S CELL _____

MOTHER'S WORK _____ FATHER'S WORK _____

IF SEPARATED/DIVORCED, STUDENT PRIMARILY LIVES WITH _____

IF THIS IS FIRST YEAR AT BETH EL RELIGIOUS SCHOOL, WHERE DID YOUR CHILD(REN) ATTEND PREVIOUS RELIGIOUS SCHOOL? _____

SPECIAL INFORMATION

Have there been any major changes in your child's life situation (such as birth or death in family, moving, divorce, etc)? Does your child visit a parent on a regular basis which will affect attendance? _____

Does your child(ren) have any special learning needs (gifted, learning challenges, behavioral concerns, speech, vision, or hearing challenges)? _____

Medical Needs - daily medications, allergies (please list all), chronic or other health concerns: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD(REN):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

TUITION & PAYMENT POLICY

Registration Fee: \$100/student or \$125/family (Registration fee is required per family)
 \$50 Discount per student if Registration Fees and Tuition Paid in Full by July 16, 2010
 5% Sibling Discount* applies to the younger children

Tuition and Schedule	PreK – 7 th Grade (Sunday Only) 9am – 12Noon <small>Daily schedule: Beginning at 9:00 am, 3, 45 minute classes in 3 content areas: Torah, Hebrew, Jewish Values. One ½ hour tefilla (worship service) with musical instruction and interactive Torah study (parents are always welcome) at 10:45. See calendar of enrichment activities that correspond to classroom learning. These opportunities will link learning with living through multi-grade, family, congregational, and communal events.</small>	NON-MEMBER PreK – 2 nd Grade (Sunday Only) 9am - 12Noon
Paid in FULL (tuition and fees) on or before July 16	\$450 (2 nd child: \$427.50)	\$875 (No discounts apply)
Paid after July 16	\$500 (2 nd child: \$475.00)	\$875 (No discounts apply)

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

Payment plans and Financial Assistance are available, upon request and approval by the Synagogue Treasurer

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

Payment Information: Check #_____ Cash_____ Mastercard Visa Discover
 (\$15 administration fee is charged for all credit card transactions)

Card # _____ Exp. Date: _____ Total Amount: _____

Name on Card: _____ Signature: _____

EMERGENCY MEDICAL RELEASE

I hereby give my consent to the Education Director to make available to my child professional emergency medical care if such care is indicated. It is understood that every effort will be made to notify me, my spouse, or authorized person(s) before such action is taken. In the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, paramedic, or hospital medical staff.

Parent Signature

Date

EMERGENCY MEDICAL INFORMATION

This is to certify that my child has my permission to participate in all activities that are part of the Beth El Religious School program for which he/she is registered.

Insurance Company: _____ Policy #: _____

Physician: _____ Phone #: _____

Parent's Signature: _____ Date: _____

Emergency Contact Person: _____ Phone #: _____ Cell #: _____

Relationship: _____

PERMISSION FOR PHOTOGRAPHY AND PUBLICITY

_____ Please initial here allowing us to put pictures and or name of your child, individually or in group settings with other students, on our website and other publicity materials for education and advertising purposes.

FAMILY STANDARDS

I have read and discussed these standards with my child(ren).

1. My child will attend and participate fully in the program. My child will be punctual. If my child needs to leave early, my child will bring a note I have signed and will wait in the classroom until my arrival.
2. Inappropriate behavior as determined by any teacher or administrative staff member will not be tolerated. I will pay for any damage that my child causes. I understand that inappropriate behavior could result in my child's suspension or expulsion from the program.
3. We understand that, from time to time, rituals, routines, and rules may be amended.

Parent Signature

Date

