

Please complete one form for each child

For Office Use Only:	
Rec'd	_____
Amt:	_____
Chk #	_____

CONGREGATION B'NAI ISRAEL RELIGIOUS SCHOOL

5770/2009-2010 RETURNING STUDENT ENROLLMENT FORM

Student Name: _____ Phone Number: _____
(Last, First, Middle)

Hebrew Name: _____ Student E-mail: _____

Address: _____ City/Zip: _____

'09-'10 Grade: _____ Date of Birth: _____

Name of Public or Private School: _____

Parent Name: _____ Parent Name: _____

Occupation: _____ Occupation: _____

Work Phone _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Pager #: _____ Pager #: _____

Parent E-mail: _____ Parent E-mail: _____

Fax #: _____ Fax #: _____

It is important for both parents to be involved in their child's Jewish education. In instances where parents no longer live together, we will send information regarding classes to both parents. Please complete the following if different from above:

Home Address: _____ Home Address: _____

City/Zip: _____ City/Zip: _____

Phone: _____ Phone: _____

<u>Names of Siblings</u>	<u>Birthdate</u>	<u>Grade '09-'10</u>	<u>Public/Private School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I am interested in serving on the Religious School Committee. **Please call me.**
- I am interested in being a Room Parent. **Please call me.**
- I would be interested in talking with Ira about being a substitute teacher.
- There has been a change in our family situation since last year.
- I do not wish my child's address & phone number to be distributed to schoolmates.
- I do not want photos of my child published on the Temple web site or in newspapers.
(Note: students will not be identified individually in any photos.)

Over, please

MEDICAL EMERGENCY PERMISSION STATEMENT

Permission Agreement

I hereby grant permission for the B'nai Israel Education Center staff to take whatever steps may be necessary to obtain emergency medical care, if warranted for _____.
(student's name)

Signed: _____ Date: _____

Name of Insurance Company: _____

Membership/Policy Number: _____

Emergency Contact _____ Phone Number _____
(A local person other than a parent)

Relationship to student _____ Cell Phone _____

Doctor's Name _____ Phone Number _____

Please list any and all allergies your child has, including allergies to food or medications:

Please describe any special physical/learning needs that might affect the student's performance and/or participation:

Please go to www.congregationbnaisrael.org/jeap.pdf and print out the Jewish Educational Action Plan form and send it in with your enrollment. This will help us meet the needs of your child.

Please describe any medication that the student takes regularly:

Please describe any family arrangements that might affect the student's attendance:

Tuition for the 2009-2010 School Year

<u>Kitah (Grade)</u>	<u>Full Tuition</u>	<u>Tuition w/Early Bird Discount*</u>
Gan - Kitah Gimel (K - 3 rd)	\$528.00	\$508.00
Kitot Daled - Vav (4 th - 6 th)	\$643.00	\$623.00
Kitot Zayin - Chet (7 th - 8 th)	\$528.00	\$508.00

Note: There is a \$100.00 discount for the 3rd, 4th and 5th child enrolled in Gan – Kitah Chet this year.

*To receive the Early Bird Discount, you must return this form with your tuition payment
NO LATER THAN AUGUST 21, 2009

Please note that Temple policy requires that Religious School Tuition be paid in full prior to the first class session. In order to set up a payment plan at the time of registration, we require either post dated checks totaling the full amount of tuition or your credit card information – you will be charged as follows:
1/3 Now, 1/3 November 25 and finally 1/3 January 27.

High School (9th - 12th) registration materials will be sent in late August by Merkaz.
Call 372-6567 x139 for more information.