

Please complete one form for each child

Please send a digital photo of your child to tsilva@cbibpt.org

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

CONGREGATION B'NAI ISRAEL RELIGIOUS SCHOOL 5777/2016-2017 RETURNING STUDENT ENROLLMENT FORM

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

Hebrew Name: _____ Student E-mail: _____

Address: _____ City/Zip: _____

'16-'17 Grade: _____ Date of Birth: _____

Name of Public or Private School: _____

Parent Name: _____

Parent Name: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

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 '16-'17</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: _____

Tuition for the 2016-2017 School Year		
<u>Kitah (Grade)</u>	<u>Full Tuition</u>	<u>Tuition with \$50.00 Early Bird Discount*</u>
Gan - Kitah Gimel (K - 3 rd)	\$625.00	\$575.00
Kitot Daled - Vav (4 th - 6 th)	\$740.00	\$690.00
Kitot Zayin - Chet (7 th - 8 th)	\$625.00	\$575.00

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 June 17, 2016**

Please note that Temple policy requires that Religious School tuition be paid in full or payment plan in place prior to first class session. To set up a payment plan, we require either post-dated checks totaling the full amount of tuition as follows:

1/3 now, 1/3 November 4 and 1/3 February 3.

**Merkaz (High School 9th - 12th) registration is ongoing.
 Please call (203) 450-5303 or go to Merkazct.org today for more information.**