



**RELIGIOUS SCHOOL**  
**5778/2017-2018 STUDENT ENROLLMENT FORM**

Please complete one form for each child  
 Please send a digital photo of your child to bprybylek@gmail.com

<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	<input type="checkbox"/> Shorashim (Tuesday/Thursday) <input type="checkbox"/> Etgar (Sunday/Thursday)
--	---

Grades 4-6 only

**Student Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Last, First, Middle)

Hebrew Name: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Public/Private School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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 '17-'18</u>	<u>Public/Private School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 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 am interested in serving on the Religious School Committee. **Please call me.**
- I am interested in being a Room Parent. **Please call me.**
- 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: \_\_\_\_\_

I certify that immunizations for my child \_\_\_\_\_ are up to date according to the State of Connecticut Department of Public Health immunization requirements for enrolled students in Connecticut schools. *If your child has a medical exemption please call us at 203-366-1858 and we will forward you an exemption form to you.*

<b>Tuition for the 2017-2018 School Year</b>		
<b>Kitah (Grade)</b>	<b>Full Tuition</b>	<b>**Early Bird/New Student Discount</b>
Gan – Kitah (K – 3 <sup>rd</sup> )	\$625.00	\$575.00
Kitot Daled – Vav (4 <sup>th</sup> – 6 <sup>th</sup> )	\$740.00	\$690.00
Kitot Zayin – Chet (7 <sup>th</sup> – 8 <sup>th</sup> )	\$625.00	\$575.00

Note: There is a \$100.00 discount for the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> 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 30, 2017**

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 3 and 1/3 February 2.

Merkaz (High School 9<sup>th</sup> -12<sup>th</sup>) registration is ongoing.  
 Please call (203) 450-5303 or go to [Merkazct.org](http://Merkazct.org) **today** for more information.

<b>For Office Use Only</b>
Rec'd _____
Amt Due: _____
Amt. Rec'd _____
Check #: _____
C. Code: _____