

Congregation Beth Am

Religious School Student Registration 2016-2017

Parent/Guardian Name (1) _____
Last *First*

Parent/Guardian Name (2) _____
Last *First*

Primary Address _____

City _____ FL ZIP _____

Phone: (Home) _____ Work: _____

Cell: (1) _____ Cell: (2) _____

E-Mail Address: (1) _____

E-Mail Address: (2) _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Tuition Schedule:

Pre-K thru K _____ @ \$255= \$ _____

First thru Third _____ @ \$470= \$ _____

Fourth thru Seventh _____ @ \$575= \$ _____

Eighth _____ @ \$180= \$ _____

Religious School TOTAL \$ _____

PAYMENT OPTIONS:

Please select **one** payment option; may be paid with Personal checks, cash or MasterCard, VISA, or Discover

Payment in full by August 30, 2016

Payment installments, first due by August 30, 2016

Balance to be paid in 3 monthly installments - September, October and November

(You are of course welcome to pay these earlier)

Pre-K – K: August 30 = \$90, Sept. = \$55, Oct. = \$55, Nov. = \$55

First – Third: August 30 = \$90, Sept. = \$130, Oct. = \$125, Nov. = \$125

Fourth – Seventh: August 30 = \$90, Sept. = \$165, Oct. = \$160, Nov. = \$160

Eighth: August 30 = \$90, Sept. = \$30, Oct. = \$30, Nov. = \$30

Payment of deposit and school tuition will ensure your child/children's enrollment in Congregation Beth Am's Religious School provided that you are a member in good standing as of the date of enrollment and you have cleared all outstanding Religious School tuition and fees balances from prior years. Any questions regarding your financial situation, including dues and Religious School balances owed should be directed to Don Meister, Financial Secretary, at DonMeis@msn.com. All financial discussions are confidential.

In accordance with the Congregation Beth Am Religious School registration policies, I agree to pay in full for all Religious School tuition and fees no later than November 30, 2016.

1) Parent/Legal Guardian

2) Parent/Legal Guardian

Congregation Beth Am Religious School Student Information

Please complete one form for EACH STUDENT

STUDENT: PLEASE PRINT

Name _____
Last *First* *Middle*

Hebrew Name _____

Grade _____ Date of Birth _____

Emergency Information:

Personal Health (allergies, conditions, etc.):

Emergency Contact:

Name _____ Relationship _____ Phone _____

Doctor's Name _____ Phone: _____

Parent Information:

Email Address(s): (1) _____ (2) _____
(Primary communication between school and home will be via email)

1. Parent/Guardian Name _____

Address _____ City State ZIP _____

Daytime Phone _____ Evening Phone _____ Cell _____

2. Parent/Guardian Name _____

Address (if different) _____ City State ZIP _____

Day Phone _____ Evening Phone _____ Cell _____
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PERMISSION SLIP

I give my permission for my child _____, a student in Congregation Beth Am Religious School, to attend all activities sponsored by the school. I also permit my child's picture or video to be used for publicity and public displays. In case of emergency, I hereby give permission to the physician selected by the school to hospitalize, secure treatment for, order injection, anesthesia or surgery for my child, after first attempting to contact me and the above-named doctor, if time permits.

Parent/Guardian Signature _____ Date _____

6/28/16

OPTIONAL INFORMATION

Special Needs Information:

We believe that every child is an individual and should be treated and viewed as such. In order to better serve each child's personal needs we ask that you please share with us any special needs and/or learning disabilities. (Example: 504 Plan or an IEP in secular school.)

_____ My child does not have any special needs or learning difficulties.

_____ My child has the following special needs or learning difficulties:

Students' e-mail address:

Several of our upper level teachers appreciate the opportunity to occasionally send information to their students. If you are comfortable in doing so, please write your child's e-mail address. They will ONLY be used by the student's teacher.

Student Name: _____

Student Grade: _____

Student e-mail: _____

Student Name: _____

Student Grade: _____

Student e-mail: _____

Religious School Calendar, 2016-2017
Sundays

8/21—1st day of school
8/28—class
9/4— No Class—Labor Day
9/11—class
9/18—class
9/25—class
10/2—No Class—Erev Rosh Hashanah
10/9—class
10/16—class—Erev Sukkot—decorate the sukkah
10/23—No Class—Simchat Torah that night
10/30—class
11/6—No Class—Buddy Run
11/13—class
11/20—No Class—Thanksgiving Break
11/27—No Class—Thanksgiving Break
12/4—class
12/11—class
12/18—No Class—Winter Break
12/25—No Class—Winter Break
1/1—No Class—Winter Break
1/8—class
1/15—No Class—MLK
1/22—class
1/29—class
2/5—class
2/12—class
2/19—No Class—President's Day/NFTY Convention
2/26—class
3/5—class
3/12—class—Purim carnival
3/19—No Class—Spring Break
3/26—No Class—Spring Break
4/2—Class
4/9—Class
4/16—No Class—Pesach
4/23—Class
4/30—Class
5/7—Class

Religious School Calendar, 2016-2017
Wednesdays

8/31—1st day of class
9/7—class
9/14—class
9/21—class
9/28—class
10/5—class
10/12—No Class—Yom Kippur
10/19—class
10/26—class
11/2—class
11/9—class
11/16—class
11/23—No Class—Thanksgiving Break
11/30—class
12/7—class
12/14—class
12/21—No Class—Winter Break
12/28—No Class—Winter Break
1/4—No Class—Winter Break
1/11—Class
1/18—Class
1/25—Class
2/1—Class
2/8—Class
2/15—Class
2/22—Class
3/1—Class
3/8—Class
3/15—No Class—Spring Break
3/22—No Class—Spring Break
3/29—Class
4/5—Class
4/12—No Class—Pesach
4/19—Class
4/26--Class

BETH AM SCHOOL DAYS & TIMES

Sunday School (Grades Pre-Kindergarten – 8th) 9:30 – 12 noon
Wednesday School (Grades 4th – 7th) 5:45 – 7:00 pm