

2011-2012 RELIGIOUS SCHOOL REGISTRATION FORM

Please complete one registration form per family.

FAMILY/ADULT INFORMATION

Parent/Adult #1 Name: _____	Occupation: _____
Home Address: _____	City: _____ Zip: _____
Home phone number: (____) _____	Cell: (____) _____ Work: (____) _____
Parent #1 Email: _____	

Parent/Adult #2 Name: _____	Occupation: _____
Home Address: _____	City: _____ Zip: _____
Home phone number: (____) _____	Cell: (____) _____ Work: (____) _____
Parent #2 Email: _____	

EMERGENCY CONTACT (other than parents):

Name: _____	Cell: (____) _____
Relationship: _____	Home: (____) _____
	Work: (____) _____
Name: _____	Cell: (____) _____
Relationship: _____	Home: (____) _____
	Work: (____) _____

CONSENT FOR MEDICAL TREATMENT:

Medical Insurance Carrier _____ Policy/ID # _____

The undersigned parent(s) of **(Child(ren's) Names)** _____ hereby consent to his/her participation in the Temple Beth Shalom Religious School and Youth Programs.

In consideration of Temple Beth Shalom's acceptance of my/our child as a participant in this youth activity, I/we both individually and as the legal guardian(s) of my/our child hereby waive any and all claims against Temple Beth Shalom, its agents and its employees, that may arise out of any injury, loss or damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the Religious School and Youth policies.

I/we hereby authorize Temple Beth Shalom and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

In signing this release, I/we also understand that I/we consent to the photographing, reproduction, use, and retention of photographs, film, and/or video of my/our child(ren) taken by and/or for Temple Beth Shalom for use in education, publicity, and promotional activities in any and all publications and other media without limitation or reservation.

Signature of parent or legal guardian Date

Print parent/guardian name

Student 1:	Student 2:
Birthdate: _____ Grade in Sept. 2011: _____	Birthdate: _____ Grade in Sept. 2011: _____
Email (7th-12th graders only): _____	Email (7th-12th graders only): _____
Youth Groups: ___ KTY(K-2nd Grade) - No Charge ___ YTY (3rd-5th Grade) - \$10 BSTY(6th-8th Grade) - \$20 OCTY (9th-12th Grade) - \$36	Youth Groups: ___ KTY(K-2nd Grade) - No Charge ___ YTY (3rd-5th Grade) - \$10 BSTY(6th-8th Grade) - \$20 OCTY (9th-12th Grade) - \$36
Religious School Program Choices: For program descriptions visit the TBS Religious School website at www.tbsoc.com _____ Standard RS (Grades K-6) _____ Family Learning Circle (Grades K-6) _____ Hebrew Connection Tutor at Home (Grades K-6) _____ Hebrew Connection Tutor at Temple (Grades K-6) _____ B'nei Mitzvah/ATID (Grade 7) _____ ATID (Grade 8) _____ Talit Nation (Grade 9) _____ Confirmation (Grade 10) _____ Post Confirmation (Grades 11-12) _____ Madrichim (Grades 8-12)	Religious School Program Choices: For program descriptions visit the TBS Religious School website at www.tbsoc.com _____ Standard RS (Grades K-6) _____ Family Learning Circle (Grades K-6) _____ Hebrew Connection Tutor at Home (Grades K-6) _____ Hebrew Connection Tutor at Temple (Grades K-6) _____ B'nei Mitzvah/ATID (Grade 7) _____ ATID (Grade 8) _____ Talit Nation (Grade 9) _____ Confirmation (Grade 10) _____ Post Confirmation (Grades 11-12) _____ Madrichim (Grades 8-12)
Health/Dietary Restrictions?: List Medications: Is there anything we should know about your childs behavior, personality? Does your child have an IEP/504 plan you would like to share with us? Yes NO	Health/Dietary Restrictions?: List Medications: Is there anything we should know about your childs behavior, personality? Does your child have an IEP/504 plan you would like to share with us? Yes NO
Student 3:	Student 4:
Birthdate: _____ Grade in Sept. 2011: _____	Birthdate: _____ Grade in Sept. 2011: _____
Email (7th-12th graders only): _____	Email (7th-12th graders only): _____
Youth Groups: ___ KTY(K-2nd Grade) - No Charge ___ YTY (3rd-5th Grade) - \$10 BSTY(6th-8th Grade) - \$20 OCTY (9th-12th Grade) - \$36	Youth Groups: ___ KTY(K-2nd Grade) - No Charge ___ YTY (3rd-5th Grade) - \$10 BSTY(6th-8th Grade) - \$20 OCTY (9th-12th Grade) - \$36
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2011-2012 Religious School Tuition Payment Plan

Your child's Religious School tuition is subsidized by the congregation's annual operating budget. Below is an option to pay the true unsubsidized cost. We encourage anyone who can afford it to do so; this allows us to help more families who might otherwise not be able to afford to pay full price.

Registration for 2011-2012 will not be processed unless your member account is current.

Student(s) first & last name: _____

PROGRAM CHOICES

Program	Cost BEFORE July 1, 2011	Cost AFTER July 1, 2011	Unsubsidized	Number of children	Total
Standard Religious School					
Kindergarten	No Charge	No Charge	\$645	x	_____
Grades 1-2	\$536	\$556	\$645	x	_____
Grades 3-6	\$935	\$955	\$1,248	x	_____
Grade 7 B'nei Mitzvah & ATID	\$1,055	\$1,075	\$1,404	x	_____
Grade 8 ATID	\$635	\$655	\$884	x	_____
Grade 9	Registration & Fees through the BJE				
Grade 10 Confirmation*	\$672+\$315	\$692+\$315	\$915+\$315	x	_____
Grades 11-12	\$100	\$100	N/A	x	_____
Family Learning Circle					
Kindergarten	No Charge	No Charge	\$645	x	_____
Grades 1-2	\$536	\$556	\$645	x	_____
Grades 3-6	\$599	\$619	\$858	x	_____
Hebrew Connection					
One Student at home	\$899	\$919	N/A	x	_____
Siblings at home	\$755	\$775	N/A	x	_____
At TBS	\$740	\$760	N/A	x	_____
More than 15 miles from TBS	\$200	\$220	N/A	x	_____
Madrachim (Teen classroom-aides)					
Grades 8-12	No Charge	No Charge			
Youth Group					
KTY (Kindergarten - 2nd)	No Charge	No Charge	N/A	x	_____
YTY (3rd - 5th Grade)	\$10	\$10	N/A	x	_____
BSTY (6th-8th Grade)	\$20	\$20	N/A	x	_____
OCTY (9th-12th Grade)	\$36	\$36	N/A	x	_____

*\$315 Celebration Fee for Confirmation

Tuition Total: _____

PAYMENT OPTIONS: (Please select one of the following)

- Full payment by check – CK# _____ Date _____ Amount _____ (due by Aug 1, 2011)
- Full payment by debit or credit card (due by Aug 1, 2011)
- Auto Charge - 10 Monthly Payments by debit or credit card (Aug 1, 2011 through May 1, 2012). ******

Please provide current credit card information below.

- Visa
- Mastercard

CREDIT CARD NUMBER _____ EXP DATE _____

SIGNATURE _____ DATE _____

****By choosing this option both your religious school fees and temple fees will be automatically charged monthly beginning on August 1, 2011 through May 1, 2012**