



TEMPLE BETH SHALOM RELIGIOUS SCHOOL
2016-2017
STUDENT REGISTRATION FORM
 (Please fill out one of these for each child)

Child's Full Name: _____

Hebrew Name: _____

Gender: _____ **Male** _____ **Female** **Preferred/Nickname:** _____

Birthdate: **Month:** _____ **Day:** _____ **Year:** _____

Grade in School Fall 2016: _____ **Name of School:** _____
School District: _____

Parent Name 1: _____

Parent Name 2: _____

Street Address: _____

City, Zip **City:** _____ **Zip:** _____

Home Phone w/ area code (_____) _____

Email Address: _____

Work Phone (Parent 1) **Name:** _____ (_____) _____

Work Phone (Parent 2) **Name:** _____ (_____) _____

Cell Number (Parent 1) **Name:** _____ (_____) _____

Cell Number (Parent 2) **Name:** _____ (_____) _____

IN CASE OF EMERGENCY
Doctor **Name:** _____ **Phone:** (_____) _____

Dentist **Name:** _____ **Phone:** (_____) _____

Emergency Contact **Name:** _____
 (If you could not be reached **Phone Number:** (_____) _____
 during religious school or while **Notes:** _____
 we are on a field trip) _____

Did your child attend camp **Day Camp? Yes / No**
during the summer of 2016? **Overnight Camp? Yes / No**
Jewish? Yes / No
Name of Camp(s): _____



If child is a new student to Temple Beth Shalom, please indicate most recent Jewish educational experience.

Reform? Yes / No

Other (please describe): _____

Congregation/School: _____

City/State: _____

Grade level(s) attended _____

Does your child have any food allergies or other allergies that may affect his/her classroom experience? Explain:

Does your child have any learning differences that may affect his/her classroom experience? Explain:

Does your child have an IEP from Public or Private School? If so, explain the content/plan, so that we may be more helpful in his/her classes at TBS

Does your child have any medical or emotional conditions that we need to be aware of in order to serve him/her better?

Is your child on any medication? Please be aware that we cannot administer any medications at Religious School.

Name of medication/s: _____

Describe condition/s for which this medication is prescribed: _____

Please list individuals who have permission to pick your child up from Religious School. If not a parent, list phone numbers:

Name: _____ (_____) _____
Name: _____ (_____) _____
Name: _____ (_____) _____
Name: _____ (_____) _____
Name: _____ (_____) _____

Any information shared on this Registration Form is kept in confidence with the Religious School Director, and if necessary the teacher.

For Office only:

Date Received: _____

Class/Teacher: _____



TEMPLE BETH SHALOM RELIGIOUS SCHOOL
2016-2017
FIELD TRIP PERMISSION AND WAIVER OF LIABILITY FORM
(Please fill out one of these for each family)

FIRST, LAST NAMES and GRADES OF CHILDREN PARTICIPATING IN RELIGIOUS SCHOOL 2016-2017:

1. _____ Grade16/17: _____
2. _____ Grade16/17: _____
3. _____ Grade16/17: _____

My child/children, listed above, have my permission to attend any and all field trips organized by Temple Beth Shalom Religious School. I understand, by signing below, that my child/children will be chaperoned by their Religious School teacher and/or Religious School Director. My child/children will have transportation in a car driven by the Religious School teacher or a volunteer parent. ***I understand that information regarding each Field Trip will be provided to me by the Religious school in advance of the trip*** and that I will provide emergency contact information, if it is not on file.

I authorize Temple Beth Shalom Religious School to use photographs and/or video of my child/children for promotional materials, newspaper and newsletter articles.

In consideration of the participation of the minor children listed above, for whom I am parent, legal guardian or otherwise responsible, in the religious school program offered by Temple Beth Shalom, I and my children, heirs, personal representatives or assigns, hereby release and agree to hold harmless all teachers and caregivers, Temple Beth Shalom, and its trustees, officers, employees, agents and volunteers, from any liability or claim of loss or damage, including but not limited to injury, death, and loss or damage to my property.

Signed: _____ Date: _____

(Print name) _____

Relationship to student(s) _____

If I need to be reached during the time my child is on a field trip, the below information should be used:

Emergency Contact Name: _____ Phone Number: (____) _____
 Relationship: _____ Cell Number: (____) _____

Additional contacts and information: _____

For Office Use:
 Family Number: _____



TEMPLE BETH SHALOM RELIGIOUS SCHOOL
2016-2017 FEE SCHEDULE
(Please fill out one of these for each family)

Temple Beth Shalom believes that no child should be denied a Jewish education because of financial need. Please contact Stefani Carlson, Education Director, at (330)752-3349 or education@tbshudson.org for confidential financial arrangements. **All requests for financial aid must be received by September 1, 2016.**

FAMILY LAST NAME _____

Description	Yearly Fee	# Children	Amount Due
TBS TOTS CLASS: Ages 0-5 with a caregiver (8 sessions: Sundays 10:30-12:00)	\$0		
SUNDAY SCHOOL: Kindergarten, 1st, 2nd and 3rd grades (Sundays 9:00-12:00)	\$550		
OPTIONAL THURSDAY HEBREW: Grade 3 only (Thursdays 4:30 - 6:00 - must also register for Sundays)	\$200		
HEBREW SCHOOL: GRADES 4, 5, 6, 7 (Sundays 9:00-12:00 <u>and</u> Thursdays 4:30-6:00)	\$750		
GESHER (POST B'NAI MITZVAH) CLASS: GRADES 7-9 (selected Sundays 12:00-2:00 - includes NFTY dues)	\$250		
CONFIRMATION CLASS: GRADES 10-12 (selected Sundays 10:30-11:30 - includes NFTY dues)	\$250		
MADRICHIM PROGRAM: GRADES 9-12 (Sundays 9:00-12:00 and/or Thursdays 4:30-6:00)	\$0		
Registration Fee (per family) WAIVED if paid in full by September 1, 2016		circle one:	\$0 / \$30
Total Due			
Amount Enclosed			
Payment Plan Fee (see below)		circle one:	\$0 / \$20 / \$70
TOTAL Amount to be billed			

PAYMENT PLANS (Check one)

<p>PLAN A Payment in full prior to September 1, 2016</p>

<p>PLAN B Two equal payments due September 1, 2016 and January 1, 2017 (add \$20)</p>
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<p>PLAN C Seven equal consecutive monthly payments September 1, 2016 – March 1, 2017 (add \$70)</p>
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Please make checks payable to **Temple Beth Shalom**, and mail all forms and payments to:
Temple Beth Shalom Religious School, PO Box 2230, Hudson, OH 44236

To pay by credit card, please visit our website at <http://tbshudson.org/duesfeesdonations> and follow the PayPal link



Religious School



Needs YOU!



Temple Beth Shalom thrives on the support of its members. Truly our kids' learning is enhanced when they know that their parents are involved in the Congregation and Religious School.

Simply check the areas in which you would like to help and we will contact you!

Assist with Classroom Activities	
Assist with All-School Programs (Sukkot, Hanukkah, Purim, Pesach, etc.)	
Cooking for Religious School Programs	
Fundraising	
Religious School Committee/Learning Council	
Room Parent (indicate grade/s)	
Substitute Teacher (indicate grade/s)	
Other (please describe)	

Name: _____ Contact Phone: (_____) _____

Email Address: _____