

Student Registration 2016-2017

PLEASE COMPLETE BOTH SIDES OF THIS REGISTRATION FORM
****A membership pledge for 2016-17 is required in order to complete school enrollment ****
RETURN IT WITH YOUR PAYMENT BY June 30th to avoid \$60 late fee.

☆ Session preferences are on a first-come/first-served basis, and can be honored **ONLY** until **June 30th**.
 ☆ Scholarships available. Contact SooJi Min, TBE Executive Director (sjmin@templebethemeth.org).

Child 1 Name: _____

Grade: _____

<u>RELIGIOUS SCHOOL</u>	
Saturday Session I (8:30-10:15am) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Saturday Session II (10:45am-12:30pm) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$460* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$180 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$430
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
8th Grade Conversational Hebrew (4:15-6:00 pm)	Mon	<input type="checkbox"/>
Advanced Hebrew (4:30-6:00 pm) <i>(with permission only)</i>	Wed	<input type="checkbox"/>
<i>High School students interested in Hebrew for school credit, contact Terri.</i>		

Secular School: _____

Birth date: _____

Child 2 Name: _____

Grade: _____

<u>RELIGIOUS SCHOOL</u>	
Saturday Session I (8:30-10:15am) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Saturday Session II (10:45am -12:30pm) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$460* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$180 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$430
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
8th Grade Conversational Hebrew (4:15-6:00 pm)	Mon	<input type="checkbox"/>
Advanced Hebrew (4:30-6:00 pm) <i>(with permission only)</i>	Wed	<input type="checkbox"/>
<i>High School students interested in Hebrew for school credit, contact Terri.</i>		

Secular School: _____

Birth date: _____

Child 3 Name: _____

Grade: _____

<u>RELIGIOUS SCHOOL</u>	
Saturday Session I (8:30-10:15am) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Saturday Session II (10:45am-12:30pm) <i>PS4-5th grade</i>	\$430 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$460* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$180 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$430
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
8th Grade Conversational Hebrew (4:15-6:00 pm)	Mon	<input type="checkbox"/>
Advanced Hebrew (4:30-6:00 pm) <i>(with permission only)</i>	Wed	<input type="checkbox"/>
<i>High School students interested in Hebrew for school credit, contact Terri.</i>		

CONTACT/EMERGENCY INFORMATION

Parent Name: _____

Parent Name: _____

EMAIL: _____

EMAIL: _____

CELL # _____

CELL # _____

Home # _____

Home # _____

Work # _____

Work # _____

Address: _____

Emergency contact if parents cannot be reached:

Name: _____ **Relationship:** _____ **Phone #** _____

Child 1's Physician: _____ Phone # _____

Child 2's Physician: _____ Phone # _____

Child 3's Physician: _____ Phone # _____

Allergies/Medication/Special Information (learning disability, ADD, etc) _____

In the event of an emergency when the child's parents, physician, or contact person cannot be reached, I authorize TBE Religious School Administration to take my child to the nearest hospital emergency room for treatment. If possible, please bring my child to: _____ hospital for care.

Requests for Class Placement: (We will try to place your children in a class with at least one of their friends. Educational concerns are the primary basis for class assignments and supersede other considerations.) _____

Youth Group (make selection)

	(grades 3-5)	(grades 6-8)	(grades 9-12)
Child Name _____	Rishonim: (Free) _____	Kadima: (FREE) _____	AARTY (\$60) _____
Child Name _____	Rishonim: (Free) _____	Kadima: (FREE) _____	AARTY (\$60) _____
Child Name _____	Rishonim: (Free) _____	Kadima: (FREE) _____	AARTY (\$60) _____

PAYMENT INFORMATION

Amount Due (totals from front of form):

Hebrew School: \$ _____

Religious and Hebrew School fees are subsidized by TBE at a rate of 45% and include the cost of books.

Religious School: \$ _____

If you are able, please consider paying the actual cost for the program in order to help support other students.

AARTY: \$ _____

Additional Donation: \$ _____

After June 30 add \$60 late registration fee (new members exempt):

Late Fee: \$ _____

Total Amount Due: \$ _____

At least 50% of the total amount due with this registration form.

The remaining amount will be billed and due by December 31, 2016.

Make checks payable to Temple Beth Emeth or we accept Visa or

Mastercard.

Amount Enclosed: \$ _____

Amount Due in Dec: \$ _____