

**Student Registration 2017-2018**

**PLEASE COMPLETE BOTH SIDES OF THIS REGISTRATION FORM**  
**\*\*A membership pledge for 2017-18 is required in order to complete school enrollment \*\***  
**RETURN IT WITH YOUR PAYMENT BY June 30<sup>th</sup> to avoid \$60 late fee.**

- ☆ Session preferences are on a first-come/first-served basis, and can be honored **ONLY** until **June 30<sup>th</sup>**.
- ☆ 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>	\$490 <input type="checkbox"/>
Saturday Session II (10:45am-12:30pm) <i>PS4-5th grade</i>	\$490 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$520* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$200 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$490
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
<hr/>		
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>	\$490 <input type="checkbox"/>
Saturday Session II (10:45am -12:30pm) <i>PS4-5th grade</i>	\$490 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$520* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$200 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$490
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
<hr/>		
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>	\$490 <input type="checkbox"/>
Saturday Session II (10:45am-12:30pm) <i>PS4-5th grade</i>	\$490 <input type="checkbox"/>
Sunday Evening (6:00-7:30pm) <i>6th-12th grade</i> <i>*This fee includes Pizza Dinner</i>	\$520* <input type="checkbox"/>
Preschool 3 (Monthly, 10:45am-12:30pm)	\$200 <input type="checkbox"/>

<u>HEBREW SCHOOL</u>		\$490
Grades 3-6 (4:15-6:00 pm)	Mon	<input type="checkbox"/>
	Wed	<input type="checkbox"/>
<hr/>		
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.) \_\_\_\_\_

<b>Youth Group (make selection)</b>	(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 over 55% & 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, 2017.

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

**Amount Enclosed:** \$ \_\_\_\_\_

Amount Due in Dec: \$ \_\_\_\_\_