



**Beth El-The Beaches Synagogue Religious School  
Registration Form  
Fees and Tuition 2019-20 School Year**

**Early Registration Deadline for Discounted Fee is June 30, 2019.**

All student families must be Synagogue members in *good standing* for the year (Includes one-time non-member status).  
*Good standing* means a membership application for Year 2019-2020 on file, dues commitment on file, dues payments remain current and/or paid in full on or before year's end. Note: Special financial arrangements are considered on an annual basis by the Treasurer and remain confidential.

**All school fees and tuition must be paid in full by January 1, 2020.**

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Membership Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_

**Registration Fee**      **\$225.00 (Before June 30, 2019 \$ 125.00)**      **Amount Due \$** \_\_\_\_\_

**Member Tuition - Grades Pre-K - 7** (includes books and supplies)      **Number of Children** \_\_\_\_\_  
\$760.00 per student (5% sibling discount or \$722.00 for each additional student)  
 **1 Child \$760.00**       **2 Children \$1,482.00**       **3 Children \$2,204**      **Amount Due \$** \_\_\_\_\_

**Non-Member Tuition: \$1,330.00 for one student (with prior approval)**      **Amount Due \$** \_\_\_\_\_  
Pre-K - 3rd grade option: one-time only per student and family for "trial" year After "trial" year students' family must become members.

**B'nai Mitzvah Fee: \$975.00 per student** (includes all supplies)      **Amount Due \$** \_\_\_\_\_  
(Note: B'nai Mitzvah Fee is in addition to regular Tuition Fee) \*\*\$300 minimum deposit required to hold date chosen.  
\*\*\$975 fee paid in full prior to start of tutoring.

**8<sup>th</sup>/9<sup>th</sup> Grade Tuition:**      **\$335.00 per student**      **Number of Students** \_\_\_\_\_      **Amount Due \$** \_\_\_\_\_

**Confirmation Class Fee – Grade 10:**      **\$260.00 per student**      **Number of Students** \_\_\_\_\_      **Amount Due \$** \_\_\_\_\_

**TOTAL SCHOOL FEES DUE: \$** \_\_\_\_\_

Executive Director's verification of Amount Due \_\_\_\_\_

**School Enrollment Requires Current Beth El Membership. Please indicate your Membership Status below:**

**Renewal of Annual Synagogue Membership, Fiscal Year 2019-20 (July 1, 2019-June 30, 2020), Date Submitted** \_\_\_\_\_, 2019

**New Membership Application Attached** \_\_\_\_\_ **or Date Application Was Submitted** \_\_\_\_\_, 2019

**Payment Options:**

\_\_\_\_\_ **In Full by August 1, 2019**

\_\_\_\_\_ **50% by August 1, 2019 and 50% by January 1, 2020**

**I choose the following payment method:** Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Visa/ MasterCard/American Express (circle one) Card # \_\_\_\_\_

CVV# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

I hereby authorize Beth El-The Beaches Synagogue to charge the credit card specified above as a one-time payment with a 3% processing fee added.

Credit Card Authorization Signature: \_\_\_\_\_ Date \_\_\_\_\_

*I hereby agree to pay my child's tuition as specified above. If tuition is not paid in full by January 1, 2020 I understand my child may be excluded from attending Beth El-The Beaches Religious School. Should legal collection become necessary, I agree to pay all reasonable attorneys, court, and other costs incurred in collection of such fees. I further understand that Religious School payments are separate from and in addition to membership dues payments.*

**Signature of Person Responsible for Payments:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

**Synagogue Member Renewal FY19-20:**      commitment pending \_\_\_\_\_      commitment received \_\_\_\_\_  
**New Synagogue Member FY19-20:**      commitment pending \_\_\_\_\_      commitment received \_\_\_\_\_      **Non-Member Status Approved** \_\_\_\_\_  
**School Payment Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

# BETH EL-THE BEACHES SYNAGOGUE RELIGIOUS SCHOOL

## Media Release

Please Print (All information must be complete before child may attend class.)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

During the year, at Religious School and Synagogue events, we hope to take lots of pictures, many of which we may wish to post on the Synagogue's website, Facebook page and Instagram and in newspapers and brochures, to enable everyone to enjoy and remember these special times. These postings will contain pictures only, without any identifying names. We recognize, however, that some parents may choose not to have their children's pictures used, and we wish to respect that sense of privacy. To help us, please complete this form, so that we will be advised of your choice.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

to Beth El-The Beaches Synagogue to post pictures of myself and my child(ren) on the Synagogue's website, Facebook page and Instagram and in newspapers and brochures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BETH EL

*The Beaches Synagogue*

## RELIGIOUS SCHOOL

Jewish education is a partnership between the families and the synagogue. Both are vital components in a successful program. Throughout the religious school year we rely on parents for a variety of things including helping in the classrooms and special events, serving on our education committee, and sharing your skills and talents. Please return this form to the synagogue office with your registration form and let us know how you will help us in the upcoming school year!

I would like to be a **SHALOM PARENT**.

A Shalom Parent will sit in the lobby and monitor and assist with the coming and going of students.

I would like to be a **ROOM PARENT**.

A Room Parent keeps in contact with his/her child's teacher and assists the teacher with special projects and events. Room parents also help to organize the snack schedule and communicate with other parents.

I have a **SKILL/TALENT** that I would be happy to share with the Religious School.

My Skill/Talent: \_\_\_\_\_  
 (Have you recently visited Israel and would be willing to talk to your child's class? - Do you play a musical instrument? - Do you love to cook and would be happy to assist a teacher in a cooking project? - Are you an artist?)

I would be interested in serving on the **EDUCATION COMMITTEE**.

Please contact Vickie Kennedy for more information.

I would be happy to help with **SPECIAL PROJECTS/EVENTS** throughout the year.

For example:

Fundraisers

Baking

Pizza in the Hut

Purim Celebration

Hanukkah Celebration

Pizza and Salad Dinner & Bingo

Family Shabbat Dinner

Passover-Model Seder

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

# BETH EL-THE BEACHES SYNAGOGUE RELIGIOUS SCHOOL

## Emergency Information and Medical Release

Please Print (All information must be complete before child may attend class.)

Child's Name: \_\_\_\_\_ Sex (circle one) M F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

It is understood that my child \_\_\_\_\_, is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program.

I hereby authorize the Education Director or agents of Beth El Religious School to make available to my child, \_\_\_\_\_ professional medical care if such care is needed.

It is understood that every effort will be made to notify me, my spouse, or designated emergency contact before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. I give my permission for my child to receive proper medical treatment by any doctor, nurse, and paramedic or hospital medical staff licensed by the State of Florida.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact** (other than parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

# BETH EL-THE BEACHES SYNAGOGUE RELIGIOUS SCHOOL

## Grandparent Information

Please Print

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Religious School Grade: \_\_\_\_\_

Grandparent's Name: \_\_\_\_\_ (circle one) maternal paternal

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Interest in Volunteering: (circle one) YES NO

Grandparent's Name: \_\_\_\_\_ (circle one) maternal paternal

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Interest in Volunteering: (circle one) YES NO

Grandparent's Name: \_\_\_\_\_ (circle one) maternal paternal

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Interest in Volunteering: (circle one) YES NO

Grandparent's Name: \_\_\_\_\_ (circle one) maternal paternal

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Interest in Volunteering: (circle one) YES NO

**2019-2020 Religious School Calendar**  
**Meets on Sundays from 9:00 AM to 12:00 PM**  
**Opening Day – August 11, 2019**

August:  
11, 18, 25

January:  
5, 12, \*, 26

September:  
\*, 8, 15, 22

February:  
2 \*, \*, 23

October:  
6, 13, 20, 27

March:  
1, 8, \*, \*, 29

November:  
3, \*, 17, 24

April:  
5, \*19, , 26

December:  
\*, 8, 15, \*, \*

May:  
3

Teacher Meetings: August 4<sup>th</sup> at 10:00 AM  
 September 22<sup>th</sup> after Religious School  
 November 3<sup>rd</sup> after Religious School  
 February 23<sup>rd</sup> after Religious School

Madrichim Meetings: August 4<sup>th</sup> at 11:00 AM

Denotes an 8<sup>th</sup>/9<sup>th</sup> Class Meeting

\*Denotes a “no school” day

- 9-1 ..... Labor Day Weekend
- 9-29 ..... High Holy Day Break
- 11-10 ..... Veterans’ Day Weekend
- 12-1 ..... Thanksgiving Weekend
- 12-22 to 12-29 ..... Winter Break
- 1-19 ..... Martin Luther King, Jr. Day
- 2-9 ..... 26.2 With Donna Marathon Weekend
- 2-16 ..... Presidents’ Day
- 3-15 to 3-22 ..... Spring Break
- 4-12 ..... Passover
- 5-3 ..... Last Day of Religious School