



For Office Use Only	
Rec'd	_____
Amt Due:	_____
Amt. Rec'd	_____

RELIGIOUS SCHOOL

5780/2019-2020 STUDENT ENROLLMENT FORM

Please complete one form for each student

Student Name: _____ Phone Number: _____
(Last, First, Middle)

Hebrew Name: _____ Grade Entering in Fall: _____

Address: _____ City/Zip: _____

Public/Private School: _____ Date of Birth: _____

Parent Name: _____ **Parent Name:** _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Parent E-mail: _____ Parent E-mail: _____

Fax #: _____ Fax #: _____

It is important for both parents to be involved in their child's Jewish education. In instances where parents no longer live together, we will send information regarding classes to both parents. Please complete the following if different from above:

Home Address: _____ Home Address: _____

City/Zip: _____ City/Zip: _____

Phone: _____ Phone: _____

<u>Names of Siblings</u>	<u>Birthdate</u>	<u>Grade '19-'20</u>	<u>Name of Public/Private School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- _____ I would be interested in talking with Ira about being a substitute teacher.
- _____ There has been a change in our family situation since last year.
- _____ I am interested in serving on the Religious School Vision Team. **Please call me.**
- _____ I am interested in being a Room Parent. **Please call me.**
- _____ I do not wish my child's address & phone number to be distributed to schoolmates.
- _____ I do not want photos of my child published on the Temple web site or in newspapers.
(Note: students will not be identified individually in any photos.)

Please complete one of this page for each student

Student Information Form and Medical Emergency Permission Statement

(To be completed for each student by a parent)

Permission Agreement

I hereby grant permission for the B'nai Israel Education Center staff to take whatever steps may be necessary to obtain emergency medical care, if warranted, for _____
(Student's name)

Signed: _____ Date: _____

Name of Insurance Company: _____

Membership/Policy Number: _____

Emergency Contact: _____ Cell Phone: _____
(A local person **other** than a parent)

Relationship to student: _____ Home Phone: _____

Doctor's Name: _____ Phone Number: _____

_____ I certify that immunizations for my child are up to date according to the State of Connecticut Department of Public Health immunization requirements for enrolled students in Connecticut schools. *If your child has a **medical exemption** please call us at 203-366-1858 and we will forward an exemption form to you.*

Is this your child's first year of Religious School? No Yes

Please list the names of no more than two friends you hope might be in class with your child. (We make no promises, but will do our best to pair your child with at least one of them **if this form is received by August 17.**)

What are your Jewish education goals for your child over the next 1 - 5 years? (e.g., Bar/Bat Mitzvah, Jewish friends, participate in home rituals or services)?

Are there any specific skills you hope your child will learn? Are there plans for the student to attend a Jewish camp or other informal programs?

Please complete one of this page for each student

What are your child's interests? Abilities? Major accomplishments since last fall?

What motivates your child?

What techniques won't work? What situations are difficult?

Are there any methods you have found effective in helping your child to be ready for learning and/or for keeping materials together?

What do you expect your child to achieve by the end of the year in terms of learning? Please think in terms of both Hebrew and Jewish studies.

Please list **all** allergies your child has, including allergies to food or medications:

Please describe any medication that the student takes regularly:

Please describe any special physical/learning needs that might affect your child's performance and/or participation:

Please describe any family arrangements that might affect the student's attendance:

Please complete one of this page for each student

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Other information that may be helpful for us to know in better serving your child so that she/he get the most out the religious school curriculum, peers and staff:

Please list any professionals (e.g. therapists, social workers, or psychologists) who work regularly with your child in school or out.

Please ask your child to help you answer the remaining questions.

Which sport(s) do you enjoy? _____

Which musical instrument(s) do you play? _____

What are some of the movies, books and/or apps you enjoyed in the last few months?

What are your three favorite foods? _____

What is your favorite way to spend your free time? _____

What are your talents? (Everyone has at least one!) _____

What are your goals for this year? (make new friends, sing, improve Hebrew reading, etc.)

What can we do to make this your best year of Religious School ever?

Is there anything else you would like us to know about you?

Please complete one of this page for each student



**Congregation B'nai Israel
Religious School
Credit Card Authorization for 2019-2020**

Name as shown on the card: _____

Billing Address for the card: _____ CITY, ST, ZIP: _____

Phone: _____ Email: _____

Cardholder Signature: _____ Date: _____

All information is kept confidential.

Credit Card Information: VISA or MASTERCARD

Card Number: _____

Exp.: _____ Security Code: _____
(Last 3 digits on the back of the card.)

Only one of this page is needed per family

Number of children enrolling in Gan-Kitah Gimel (K-3): _____ x \$650 = \$ _____

Number of children enrolling in Kitot Daled-Vav (4-6): _____ x \$765 = \$ _____

Number of children enrolling in Kitot Zayin-Chet (7-8): _____ x \$650 = \$ _____

Subtotal: \$ _____

- Less early bird discount—\$50 per child enrolled before July 15 and for new students - \$ _____
- Less 3rd, 4th or 5th child discount (-\$100 per 3rd, 4th and 5th child) - \$ _____

Total Religious School Tuition 2019-20: \$ _____

Amount to Charge Now: \$ _____
(At least 1/3 total tuition)

Balance Remaining: \$ _____

Monthly Charge Amount: \$ _____
(6 mos. November—April)

Quarterly Charge Amount: \$ _____
(Remaining quarters: Nov., Feb.)

The synagogue paid over \$35,000 in credit card processing fees last year. To help defray this large expense, a 2% surcharge will be added to your bill unless you contact the office and request a change.