

# 2009-2010 Temple Beth El Religious School Registration Form

**Registration deadline July 17, 2009 No requests honored after the deadline.**

*PLEASE PRINT NEATLY*

Parent 1 Name \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check:  Married  Divorced  Other \_\_\_\_\_

If divorced or other, are both parents TBE members?  Yes  No

Student's Name First/Last	Secular Grade in 2009-10 <i>and Name of School</i>	Date of Birth	Classmate Request One Name Only*	Sunday Session K -6		Hebrew** 3-6	
				Choose One		Choose One	
				Early 8:30-10:30	Late 11:00-1:00	MON 4:30-6:00	WED 4:30-6:00
1							
2							
3							
4							

\* Both parties must make the request. No teacher requests accepted.

## SEVENTH GRADE SHEVA REGISTRATION

7<sup>th</sup> Grade students in the Sheva program do not attend Sunday school. They will meet on selected Saturdays throughout the year and on Monday or Wednesday.

Student's Name First/Last	Date of Birth	Bar/Bat Mitzvah Date	Hebrew Choose One		Secular School in 2009-2010
			MON 4:30-6:00	WED 4:30-6:00	
1					
2					

### **\*\*Sunday Hebrew Option**

Sunday Hebrew is only available for students in 3<sup>rd</sup>-6<sup>th</sup> grade who live outside the Charlotte area (20 miles or more from Shalom Park). No exceptions.

**Session I 9:30 am – 10:30 am**

**Session II 11:00 am – 12:00 pm**

3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade	5 <sup>th</sup> Grade	6 <sup>th</sup> Grade

## **TIKVA CHARLOTTE**

Tikva Charlotte is a joint special needs religious school program between Temple Beth El, Temple Israel and The Consolidated Hebrew High School of Jewish Studies. This program provides individual and group learning in Hebrew and Judaica and is geared for students who have difficulties in attending mainstream classes. Please contact Susan Jacobs if you are interested in information at [sjacobs@beth-el.com](mailto:sjacobs@beth-el.com) or check here:  **Please contact me regarding Tikva Charlotte**

## **Charlotte Jewish Day School Track**

Students currently enrolled in the CJDS K-4<sup>th</sup> grades are not required to attend religious school although we would love to have them. Students who attend CJDS in grade 5 are required to attend religious school on Sundays. Students who are currently enrolled in grade 6 are required to attend religious school on Sundays and one weekday. Students who previously attended and are no longer enrolled in CJDS are also required to attend religious school on Sundays and one weekday.

## **FEE SCHEDULE**

<u><b>Fee Schedule: Check Appropriate Box</b></u>	<u><b>*Subsidized</b></u>	<u><b>*Actual Cost Option (Not Subsidized)</b></u>	
Grades K-2 Religious School (Sunday only)	<b>\$475.00</b> <input type="checkbox"/>	Grades K-2 Religious School (Sunday)	<b>\$590.00</b> <input type="checkbox"/>
Grades 3-6 Religious School (Sunday + Monday or Wednesday)	<b>\$600.00</b> <input type="checkbox"/>	Grades 3-6 Religious School (Sunday + Monday or Wednesday)	<b>\$675.00</b> <input type="checkbox"/>
7 <sup>th</sup> Grade (Sheva + Monday or Wednesday)	<b>\$600.00</b> <input type="checkbox"/>	7 <sup>th</sup> Grade (Sheva + Monday or Wednesday)	<b>\$675.00</b> <input type="checkbox"/>
Tikva Charlotte (Sunday only)	<b>\$475.00</b> <input type="checkbox"/>		

\*Temple Beth El subsidizes every religious school student to cover the difference between the tuition fee and the **actual cost** of religious school education. Please consider paying the actual/unsubsidized amount for your child/children to further support Temple Beth El.

## **FINANCIAL ASSISTANCE APPLICATION & PAYMENT SELECTION**

**Enclosed is my check for a \$50 deposit per child.** Please send me a financial assistance application. I understand financial assistance is limited and based on need.

**Families of all students must be members in good standing of Temple Beth El and have completed and returned the 2009-10 Annual Commitment Form. If you have any questions about membership, please e-mail Stephanie DiPaolo at [sdipaolo@beth-el.com](mailto:sdipaolo@beth-el.com), or call her at 704-749-3051.**

I have returned my Annual Commitment form to the Temple office.  Yes  No

Please indicate your payment plan selection on the Annual Commitment Form. We are happy to combine your annual commitment and Religious School tuition into one payment schedule for your convenience.

**ALL PAYMENTS MUST BE COMPLETED BY APRIL 1, 2010**

## **HARRIS TEETER VIC PROGRAM**

Re-link your HT VIC card to TBE # 3611 in August, or let us do it for you by providing your number \_\_\_\_\_  
Harris Teeter does allow you to link to multiple schools.

## **RELIGIOUS SCHOOL DIRECTORY**

Temple Beth El Religious School will send a Directory of Students to each family. If you **DO NOT** wish to have your address and phone number published, please check below and you will not be included.

**I DO NOT want my contact information included.**

## ED ALERT MESSAGING SYSTEM

Temple Beth El Religious School will continue to utilize the Ed-Alert Emergency Messaging System for the 09-10 school year. This system will allow all families who **OPT IN** to be contacted by email and text message in the case of an emergency or schedule change. This is a voluntary program but we strongly encourage every family to participate.

Please **INCLUDE** us in the Ed-Alert Messaging System using the following contact information:

Parent 1 Name \_\_\_\_\_ Email \_\_\_\_\_ Cell# \_\_\_\_\_ Carrier \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Email \_\_\_\_\_ Cell# \_\_\_\_\_ Carrier \_\_\_\_\_

## EMERGENCY CONTACTS

In the event of your child becoming ill or injured at school, please provide two local emergency contacts **other than parents**. We will always attempt to reach parents first.

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

## MEDICAL INFORMATION & RELEASE

Your answers to the following questions are held in complete confidence with the Director, Assistant, and your child's individual teacher. Being as honest and thorough as possible allows us to provide the best environment for your child.

1. Does your child have any *dangerous* food allergies?
2. Are there any special medical concerns (allergies, medications, etc.)? Is it necessary to keep emergency medication in the office? If so, what medication?
3. Please describe any special needs your child has.
4. Does your child receive any special education services at school?  Yes  No  
If yes, please describe.

5. Does your child have an IEP (Individual Education Plan) at his/her school?  Yes  No  
If yes, please describe how we can best implement the plan in our program.  
We would be glad to keep a copy of the IEP in our secure files.

6. Please describe any accommodations your child requires to be successful at school.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT** - Please complete ALL information.

Name of  
Child/children \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In case of a medical emergency when the parents cannot be reached, the Temple Beth El Religious School faculty have permission to take the above listed child/children to his/her physician or to the hospital as his/her physician designates for needed treatment.

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Signature of Parent

Date

Please initial here \_\_\_\_\_ to allow permission for school personnel to take and publish photos of your child/children in the Temple Beth El Voice, on the website, and on school bulletin boards.

Also, please attach a family photo to this application for our files. We have many parents with whom we would like to become more familiar!

