



May 1, 2020

Dear Parents,

This school year will be one we remember for a long time. I have been so proud of our teachers, students and parents for stepping up and managing the complexities of life in isolation. Our whole community has come together to be there for each other and support those in need. As I put this packet together for re-enrolling in the Gilner Religious School I am hopeful that life is returning to normal or at least the end is on the horizon.

This year we have gone digital. All of the material is fillable and you will be able to fill in the forms, save on your computer and then email me this fillable form. The first day of school will be on Sunday, August 23, 2020. To help us in the planning process, please take a few minutes now and complete the forms and submit. **In order to receive the early bird discount please submit no later than June 12, 2020.**

Please fill out all sections completely.

If you know of other members or others in the community who have children eligible for our school, please feel free to pass this information along or have them contact me. Our synagogue policy states that families can send their children to the Gilner Religious School for up to two years starting in kindergarten and ending after third grade, before joining our Beth Shalom family.

The 2020-2021 tentative school calendar will be available soon in the Religious School section of the Beth Shalom website. We look forward to an exciting new year for the Beth Shalom Gilner Religious School.

If you have any questions, please call me at 770-399-5300 or email: Linda@bethshalom.net.

B'Shalom,

Linda Zimmerman

Linda Zimmerman
Director of Lifelong Learning



**Gilner Religious School
Student Registration 2020-2021**

Today's Date _____

You must be current in all synagogue fees in order for your child(ren) to register and attend Religious School. Please call the synagogue office with any questions. *Children can attend up to two years in grades kindergarten through third grade before a family joins the synagogue. A 25% surcharge will be added to the school fees for non members.*

Student(s) will attend the Wednesday class (2nd – 7th) _____ in person _____ on-line (we recommend in person if possible) All second grade students are required to attend in person.

Student Name 1) _____

Hebrew Name _____

Student Name (2) _____

Hebrew Name _____

Student Name (3) _____

Hebrew Name _____

Address to be used for snail mail correspondence:

City/State _____ Zip _____

Home Phone _____

Student's Birthdate (1) _____ (2) _____ (3) _____ Student's Age(1) _____ (2) _____ (3) _____

Parent's Names _____

Parent One Hebrew Name _____

Parent Two Hebrew Name _____

Parent One Occupation _____

Cell Phone _____

Parent Two Occupation _____

Cell Phone _____

Student(s) lives with Both Parents Mother Father Other _____

Parent One's Email _____

Parent Two's Email _____

Public/private School Grade attending Fall 2020 (1) _____

(2) _____

(3) _____

Name of Public/Private School attending Fall 2020 _____

Beth Shalom Religious School Grade attending Fall 2020 (1) _____ (2) _____ (3) _____

What Grade did you start Religious School _____

If new to Beth Shalom, Previous Religious School Name _____

City _____

Special Stipulations Regarding
Carpool Pickup Arrangements _____

We will call on all parents from time to time to volunteer either in the classroom or for a special event. If there is a special event or holiday that you would specifically like to volunteer for please list here:

Beth Shalom schools require all children to be up-to-date on immunizations unless there is a medical reason to avoid vaccinations.

Parent(s) Signature(s)

Date

PLEASE SEND BY MAIL THE IMMUNIZATION FORM FOR YOUR CHILD(REN) TO:

Linda Zimmerman, Congregation Beth Shalom, 5303 Winters Chapel Rd. Atlanta, GA 30360

**Congregation Beth Shalom Gilner Religious School
Emergency Medical Information
2020-21**

If you have a child with special needs please complete the unique information for each.

Child's Name (1) _____

Please list any special needs or requirements that your child may have, including any special educational needs or medications. Please include any special classes/programs that he/she attends. This is so we can serve your child appropriately.

Child's Name (2) _____

Please list any special needs or requirements that your child may have, including any special educational needs or medications. Please include any special classes/programs that he/she attends. This is so we can serve your child appropriately.

In case of emergency, please call:

Parent one _____ Parent two _____

If we cannot be reached, please call:

Name _____ Phone # _____

Allergies to Medication or Food

Child (1) _____

Child (2) _____

Child (3) _____

Any other information you feel we should know about your child(ren)

If I cannot be reached, I give my permission for basic first aid measures for my child and in the case of more serious injury, for emergency medical treatment to be sought.

Parent Signature _____ **Date** _____



**Permission for Photography & Videography
2020-2021**

I _____

give permission for my child(ren) _____

to be photographed at Gilner Religious School events and/or field trips. These photographs may be used by Congregation Beth Shalom for educational purposes, Congregational advertising, Congregational Website and on the Congregation or Religious School Facebook pages.

PLEASE MARK ALL THAT APPLY:

_____ Yes it is okay to use my child's image in pictures used for Beth Shalom marketing and on the website (names will not be included)

_____ Yes it is okay to use my child's image on the Beth Shalom closed Facebook group.

_____ Yes it is okay to use my child's image on the Beth Shalom open Facebook page.

Parent signature _____

Parent signature _____

Date _____

Gilner Religious School Tuition Payment Form/Fee Schedule 2020-2021

IN ORDER TO GET THE EARLY BIRD SPECIAL, PLEASE REGISTER BY JUNE 12, 2020. In order for your child to be admitted to Religious School all dues for the 2020-2021 fiscal year must be current and all prior year balances must be paid in full. Please call Roberta at 770-399-5300 if you have any questions.

	Early Bird June 12, 2020	After June 12, 2020
Kindergarten/First (Sunday only)	\$530 (\$665 non-member) + \$45 book/supply fee	\$560 (\$700 non-member) + \$45 book/supply fee
2nd through 6 th grades (2-day program)	\$890 (\$1,112 non-member) + \$65 book/supply fee	\$925 (\$1,156 non-member) + \$65 book/supply fee
7 th grade (2-day program)	\$890 + \$80 book/supply fee	\$925 + \$80 book/supply fee
Teacher Gifts	\$18 per child	\$18 per child

Multiple student tuition reduction: **\$25 less for second student; \$35 less for third; All other fees remain the same.**

Please print and fill out completely. Thank you.

Student(s) Name: _____

Last	First	Grade	Fee	Book/Supply Fee

Parent's Names _____

Registration is not complete without one of the following. This form and payment must be returned.

1. ___ Payment in full by cash, check, or charge (MC/VISA). Credit card authorization form attached
2. ___ Two equal payments postdated for August 1st or 15th, 2020 and January 1st or 15th, 2021
(both checks must be included with registration)
3. ___ Eight equal payments using postdated checks or direct debit dated between the 1st & 15th of each month with the first check dated August, 2020 and the final check dated March, 2021. **(all checks must be included with registration & immunization form.) Not available to 7th grade students. Seventh grade tuition must be paid in full prior to Bar/Bat Mitzvah**

Signature

Date



DIRECT DEBIT (E-CHECK) AUTHORIZATION FORM
2020 – 2021

I (we), _____ hereby authorize **Congregation Beth Shalom, Inc.**
to debit \$_____ from my (our) account.

- A. _____ Pay in Full: August 1, 2020
- B. _____ Two equal payments: August 1, 2020 and January 1, 2021
- C. _____ Eight equal payments. Choose a day between the 1st & the 15th. Please debit my account
on the _____ day of each month. Payments begin in August and end in March.

Option C is not available to 7th grade students:

Debit Authorization is for the following:

_____ School Tuition _____ Books _____ Teen Scene _____ Teacher Gifts (\$18 per child)

Name on Account: _____

Bank Name: _____

Account Type: (check one) _____ Checking _____ Savings

Account Number: _____

Bank Routing Number: _____

This authorization is to remain in full force and effect for the school year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that I am liable for all amounts due should a debit transaction be declined and that I (we) agree to pay a \$35 fee for all returned debit transactions.

Signature: _____

Print Name: _____ Date: _____



**Credit Card Authorization - Recurring Payments - Religious School
2020-2021
(Please fill out completely)**

Full Name on Card _____

Billing Address _____

City , State and Billing Zip Code _____

Credit Card Type: _____

Card Number: _____

Expiration Date: _____ Security Code _____

Date to Process Payment (1st to the 20th) _____

Payment for:

Religious School Tuition _____ Religious School Books _____

Teen Scene _____ Teacher Gift Fund (\$18 per child) _____

Other (as incurred) _____

**A CREDIT CARD CONVENIENCE FEE OF 2.25% WILL BE ADDED TO EACH TRANSACTION
(EXCLUDING DONATIONS)**

I authorize Congregation Beth Shalom to charge my credit card as indicated above. I understand that I am liable for all tuition and other billable amounts due to Congregation Beth Shalom in the event the charges are declined.

Authorized Signature _____ Date _____