|  |  |  |
| --- | --- | --- |
| **C:\Users\Judy\Documents\.GAN NOAR\Graphics and Logos\temple-bat-yam-logo.jpg** | **The Sy and Susan Sperling School of Jewish Education**  **Temple Bat Yam**  **2020/2021 – 5780/5781 Gan Noar – Garden of Youth**  **JEWISH EDUCATION PROGRAM REGISTRATION** | **C:\Users\Judy\Documents\.GAN NOAR\Graphics and Logos\GanNoarLogo_Icon Tree.jpg** |

* **PAGE 1 – COMPLETE ONE FORM FOR EACH CHILD YOU ARE REGISTERING.**
* **PAGE 2 – COMPLETE ONE FORM FOR EACH FAMILY.**
* **Please print clearly!**

**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First, Middle, Last Name | | |  | | | | | |
| Hebrew name (if known) | | |  | | | | | |
| Male/Female | |  | | Date of Birth | |  | | |
| Siblings (names and ages of all) | | |  | | | | | |
| IN 2020-21, what Secular School will this student attend? | | |  | | | | In what grade (2020-21)? |  |
| LAST YEAR (2019-20), what Religious School did this student attend? | | |  | | | | In what grade (2019-20)? |  |
| Please describe any learning disabilities or other physical or emotional needs about the student we should be aware of. | | | | |  | | | |
| Please list his/her allergies or other health related issues. | | | | |  | | | |
| Is there any other information about your child or family you would like to share with us that will help to enhance his/her experience at TBY Gan Noar? | | | | |  | | | |
|  | Please check if you would like a call from the Director of Education to discuss any details specific to your child to ensure that s/he is set up for success this Fall. | | | | | | | | |

**Students who are new** to Temple Bat Yam and are entering 4th grade or above will automatically receive a call from the Director of Education, to discuss past education and evaluation of current Hebrew proficiency level. **All are welcome regardless of past education!**

**GAN NOAR HOURS/TUITION/FEES:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **✓**  **appropriate group** | **GRADE** | **Day/Time** |  | **Day/Time** | **Tuition** | **Materials Fee**  **(per child)** | **Security Fee**  **(per family)** |
|  | Pre-K – Grade 2 | Sundays 9:45 - 12:00 |  | - | $725 | $50 | $100 |
|  | Grade 3 – Grade 6 | Sundays 9:45 - 12:00 | AND | Tuesdays 4:15 - 6:15 | $925 | $50 | $100 |
|  | Grade 3 - Grade 6 | Sundays 8:45 - 9:30 |  | Optional Hebrew class |  | $50 |  |
|  | Grade 7 - Grade 10 | Sundays 9:45 - 12:00 |  | - | $725 | $50 | $100 |
|  | Madrichim  Grades 11 & 12 | Sundays 9:45 - 12:00 |  | - | $175 | n/a | n/a |

**YOUTH GROUP**

|  |  |  |  |
| --- | --- | --- | --- |
| **✓** appropriate group | **GRADES** | **Fee** |  |
|  | Jr. BYTY (Grades 5 – 7) | $54 | Pay to Temple Bat Yam |
|  | BBYO (Grades 8 – 12) | Fee paid to BBYO | Pay at [www.bbyo.org](http://www.bbyo.org).  You will be part of our east side chapter |

**PLEASE NOTE:**

|  |
| --- |
| 1. **Temple Membership must be paid for Gan Noar enrollment.** |
| 1. **REFERRAL DISCOUNT: If you refer a new family who joins and enrolls children, you will receive $50 off per new child enrolled for their first year.** |
| 1. **Submit forms and payment to: Temple Bat Yam/5151 NE 14th Terrace/Ft. Lauderdale, FL 33334** 2. **Tuition and fees must be paid in full prior to class admission.** |
| 1. **Please contact Pam in the Temple Office at 954-928-0410 if you would like to apply for financial assistance.** Page 1 |

**PAGE 2 – COMPLETE ONE COPY OF THIS PAGE FOR THE ENTIRE FAMILY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Students’ Last Name** |  | **First Name of all students to whom this registration applies** | 1.  2.  3.  4. |

We are new and were referred to TBY by: (if applicable)

1. **PARENT INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| Name\* |  |  |
| Address |  |  |
| City/State/Zip |  |  |
| Home phone |  |  |
| Cell phone\* |  |  |
| Work phone |  |  |
| Email address\* |  |  |

**PARENTS ARE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Married | * Divorced | * Single | * Other | | Child lives with | |
| Parents occupation | | | |  | |  |
| If Parents are divorced or separated, would you like duplicate mailings? | | | | * Yes | | * No |

1. **MEDICAL AND EMERGENCY INFORMATION**

**PRIMARY DOCTOR** **- for use in medical emergency in the event the temple is unable to contact you**

|  |  |
| --- | --- |
| Name: | Phone: |

**EMERGENCY CONTACTS (local) – IF WE CAN’T REACH YOU, WHO SHOULD WE CALL?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Home phone | Cell Phone |
| 1. |  |  |  |
| 2. |  |  |  |

1. **USE OF PHOTOS**

**Please initial *only one* of the following three paragraphs:**

I hereby consent to and authorize the use and reproduction of photographs taken by anyone authorized by Temple Bat Yam (TBY) or its religious school of me and/or my child(ren) for purposes of promoting the Sy and Susan Sperling School of Jewish Education and/or TBY to the community with no compensation to me. Any media outlets (newspaper, television, etc.) authorized by TBY that are photographing at the school or Temple for news or feature stories also have this permission. All negatives, positives and prints are owned by TBY. TBY and the Religious School reserve the right to use these photographs in any of their print or electronic publications.

I do not consent to the use and reproduction of photographs of me and/or my child(ren).

|  |  |
| --- | --- |
| **Signature of Parent or Guardian** |  |
| **Date** |  |
| **Relationship to Child** |  |

Page 2