

# K-7th GRADE INFORMATION FORM

## HaMakom at Temple Beth Am

### 2023-2024/5784

#### STUDENT INFORMATION

STUDENT 1	<b>Full Name:</b>		
	Date of Birth:	Grade (as of 8/2023):	Hebrew Name:
	Secular School:	Summer Camp:	
STUDENT 2	<b>Full Name:</b>		
	Date of Birth:	Grade (as of 8/2023):	Hebrew Name:
	Secular School:	Summer Camp:	
STUDENT 3	<b>Full Name:</b>		
	Date of Birth:	Grade (as of 8/2023):	Hebrew Name:
	Secular School:	Summer Camp:	

#### PARENT/GUARDIAN INFORMATION

PARENT 1	<b>Full Name:</b>	
	Cell Phone #:	Email:
	Address:	
PARENT 2	<b>Full Name:</b>	
	Cell Phone #:	Email:
	Address (if different from above):	
<p><i>If different addresses, should we send mailings to both parents?</i>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>		
<p><i>In case of emergency, if a parent cannot be reached, please notify:</i></p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>Name: _____ Relationship: _____ Phone: _____</p>		

## ADDITIONAL STUDENT INFORMATION

<b>STUDENT 1</b>	Name:	
	Please list any medical concerns, allergies, medications, or special dietary needs:	
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO What accommodations does your child receive in the classroom?	
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?
<b>STUDENT 2</b>	Name:	
	Please list any medical concerns, allergies, medications, or special dietary needs:	
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO What accommodations does your child receive in the classroom?	
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?
<b>STUDENT 3</b>	Name:	
	Please list any medical concerns, allergies, medications, or special dietary needs:	
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO What accommodations does your child receive in the classroom?	
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?

What activities does your child(ren) participate in outside of school?

What do you enjoy doing as a family?

## RELEASES, CODE OF CONDUCT, VOLUNTEER OPPORTUNITIES

### Photo/Publicity Release 2023-2024

I hereby give Temple Beth Am permission and the right to use photographic, electronic, video or digital images of my child in publications, publicity, and similar materials.

☐ YES

☐ NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Permission

***Please be advised that we are not allowed to give your child any prescription or non-prescription (over the counter) medication.***

I hereby give the staff of Temple Beth Am, its agents (or other adult accompanying my child), permission to obtain and/or to administer emergency CPR and/or medical care for my child in the event I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Code of Conduct

I hereby grant permission for my child(ren) to attend Temple Beth Am Religious School which begins in August 2023 and runs until May 2024. I realize this is a commitment which I am making for the religious education of my child, as far as attendance, homework, decorum, and carryover to home practices.

All students are expected to conduct themselves in a safe, responsible manner, respect other students and Temple property. Repeated incidents of disruption will result in a consultation with parents and disciplinary action, including possible dismissal when the students fail to respect the behavioral expectations of HaMakom at Temple Beth Am.

By signing below, I agree that all information has been reviewed and corrected as necessary and that our family will abide by the School rules and policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Volunteer Opportunities

We strive to offer the best supplemental Jewish program and for us to succeed we need additional support. Please select from the following Religious School volunteer opportunities.

If you have any special skills, please share them with us.

☐ PTO    ☐ Education Advisory Committee    ☐ Fundraising    ☐ Events  
☐ Family Breakfast    ☐ Purim Carnival    ☐ Other: \_\_\_\_\_

Special Skills: \_\_\_\_\_

# HaMakom at Temple Beth Am 2023-2024/5784

Student Name(s):	Parent Name(s):
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## 2023-2024 Tuition & Fees

		# of Students	Cost
Registration Fee	<b>\$150</b> (per child, due at registration)		
Kindergarten	Priceless (no additional tuition fee)		
1st-2nd Grade	<b>\$675</b>		
3rd-7th Grade	<b>\$775</b>		
	<b>TOTAL</b>		

***All families must be members of Temple Beth Am to register children for HaMakom at Temple Beth Am.***

### Registration Fee

- ☐ Payment by check enclosed (made payable to Temple Beth Am), check # \_\_\_\_\_
- ☐ Payment by credit card (please complete information below)
- ☐ Payment by ACH Debit (call Temple office for authorization form)

### Payment Plan for Tuition

- ☐ One payment by check enclosed, (made payable to Temple Beth Am), check # \_\_\_\_\_
- ☐ One payment by credit card (please complete information below)
- ☐ One payment by ACH Debit (call Temple office for authorization form)
- ☐ Monthly payments (10 months from August–May) by ☐ credit card, ☐ ACH Debit, or ☐ check

### Credit Card Information

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

### Scholarship Assistance

Temple Beth Am provides scholarship assistance to families who are experiencing severe financial need. Assistance will be based on the availability of funds for students in 1st–7th grade. If you wish to apply for tuition assistance, please contact Danna Cohen at 561.747.1109. This applies to tuition assistance only—registration fee is due in total at time of registration.

### Donation

I would like to help other families in need of tuition assistance and am enclosing my donation of \$ \_\_\_\_\_ to TBA. This donation is tax-deductible to the full extent permissible by law.