



Religious School Registration  
★ 5782 ★ 2021/2022  
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Student's Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Pronouns: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Your Child's Secular School Name and Grade for Fall '21: \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ P1 Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 1's Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ P2 Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2's Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Indicate Contact Person (please check): Parent 1 ☐ Parent 2 ☐

**Should my child become ill and a parent cannot be reached, please notify either of these people:**

1) **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

2) **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Does your child have a history of: (check all those that apply)

☐ Severe bee sting reaction ☐ Asthma ☐ Seizure disorder

☐ Diabetes ☐ Sight problems ☐ Hearing difficulties ☐ Heart condition

☐ Allergies \_\_\_\_\_ ☐ Other (please explain) \_\_\_\_\_

☐ Specific food allergies (please be specific) \_\_\_\_\_

☐ My child has a prescribed EpiPen

Is your child presently taking medication(s) on a continual basis? ☐ Y ☐ N

If yes, name of medication: \_\_\_\_\_ Current dosage and schedule: \_\_\_\_\_

Prescribed for what condition: \_\_\_\_\_

What else should we know about your child to be able to help him/her effectively in the unlikely event of an injury or accident? \_\_\_\_\_

**Name of Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Health Insurer Co \_\_\_\_\_ Plan/Group # \_\_\_\_\_ Policy Number: \_\_\_\_\_



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Does your child have any special needs (learning or emotional)?

Have there been any major changes/disruptions in your child's life this year?

Does your child have an IEP or 504 plan? ☐ IEP plan ☐ 504 plan

Does your child receive counseling? ☐ Yes ☐ No

My child would like to be placed in Judaica class with one of the following 3 students:

What else would you like us to know about your child?

**Photo Release:** I grant permission for a video/photo/image that includes my child to be published on the congregation's website, newsletter, bulletin, Facebook page or other social media outlets and publications. No student's full name will be used in conjunction with any project created in the school environment. If you as the parent or guardian wish to rescind this agreement, you may do so in writing at any time. ☐ Yes ☐ No

**E-mail:** I give TBE permission to e-mail my child: ☐ Yes ☐ No

My child's e-mail address is: \_\_\_\_\_

Cell Phone: I give TBE permission to use my child's cell phone ☐ Yes ☐ No

My child's cell number is: \_\_\_\_\_

**School Volunteer Opportunities**

Many programs at the Religious School depend on parental support. Please check a box below and help us in our noble task of Jewish Education.

I am willing to help with fundraising activities ☐

I am willing to be on the Religious School Committee ☐

I am willing to be on the Junior Youth Committee ☐

Special Skills: Photography ☐ Special Skills: Marketing ☐ Copy Editing ☐

Special Skills: Web Design ☐

Other skills, interest, experience to share ☐ Please list \_\_\_\_\_



**All information will be held in the strictest confidence. Please read the following carefully and sign.  
We cannot accept your registration without your signature below.**

*Annual Signature MUST BE ON FILE*

*Medical Release: I hereby give my permission to the physician selected by the staff of Temple Beth El to hospitalize, give necessary treatment, or give anesthesia to my child, in the event that I cannot be reached by phone in an emergency. I understand that staff will try to reach me at any time of emergency and that a treatment plan will be acted upon only if I am unreachable.*

*Photo Release: I hereby give my permission to have my child's photograph or video used by Temple Beth El.*

**Parent Signature**

**Date**

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Temple Beth El of Northern Westchester  
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[temple@bethelnw.org](mailto:temple@bethelnw.org)  
914-238-3928

# New Member Commitment Form 2021-2022

Name: \_\_\_\_\_ Address: \_\_\_\_\_

As a member of Temple Beth El you make supporting the Jewish community one of the priorities in your life. Your membership dues allow us to provide a variety of services 365 days a year for any and all who need it. Each year the temple calculates a Sustaining Level of membership dues based on the support needed to run our programs and services. Some of our members are unable to pay the Sustaining Level due to personal circumstances, and it is our long-standing tradition to have a flexible dues plan that ensures that no one will be turned away based on what they can pay. Your honest reflection, self-assessment, and generosity help to provide for our community.

**Membership Dues** – the Sustaining Level of Dues is \$3,800 \$ \_\_\_\_\_

**Security Fee** – Helps cover the increasing costs of enhanced security. \$ \_\_\_\_\_ 295.00

**Building Fund (to maintain our building)** - The Building Fund requirement is \$1,000 per year for seven years or \$6,500 total if paid in full in the first year. \$ \_\_\_\_\_

**Religious School** - Please indicate below the grades for which you have registered your children and calculate total school fees. \$ \_\_\_\_\_

<b>Tuition:</b>	<b># of</b>	<b>Fee per</b>	<b>Total</b>
<b>Grade(s)</b>	<b>Children</b>	<b>Child</b>	<b>Fees</b>
Kindergarten	_____	\$ 950	_____
1	_____	\$1,125	_____
2	_____	\$1,225	_____
3	_____	\$1,325	_____
4, 5 and 6	_____	\$1,950	_____
7	_____	\$2,050	_____
8, 9 and 10	_____	\$ 980	_____
11 and 12	_____	\$ 375	_____

**Bar & Bat Mitzvah\*** - B'nei Mitzvah dates are assigned in the 4<sup>th</sup> Grade year (or thereafter). There is a b'nei mitzvah fee that will be billed at the time the date is confirmed. The fee ranges from \$2600 - \$3650 depending on year and time of service. In July prior to your child's bar/bat mitzvah each family is billed about \$1000 to sponsor the Friday evening Oneg Shabbat reception, the flowers on the bimah for the weekend and cover Saturday's security.

## Confirmation

Our 10<sup>th</sup> Grade students are taught by our Senior Rabbi and go on several field trips including a weekend to Washington, D.C. In order to cover the cost of these trips, fees will be collected with RSVPs.

**TOTAL 2021/2022 Commitment** \$ \_\_\_\_\_

\*\*\*\*\* PLEASE RETURN THIS PAGE TO THE TEMPLE OFFICE ALONG WITH YOUR FIRST PAYMENT \*\*\*\*\*

## Please indicate your payment option:

- ☐ Pay the entire 2021/2022 Commitment
- ☐ Pay in two installments - half now & half by November 15, 2021
- ☐ Pay in three installments - one third now, one third by November 15, and one third by January 15, 2022

\*PLEASE NOTE IF YOUR CHILD WILL BECOME A BAR/BAT MITZVAH THIS YEAR (September '21 to June '22), YOUR TOTAL 2021/2022 COMMITMENT FROM ABOVE WILL BE DUE IN FULL THREE (3) MONTHS PRIOR TO THE BAR/BAT MITZVAH SERVICE.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print or type name)

**NOTICE:** Your 2021 tax statement will include only the deductible portion of payments received this calendar year. Payments are applied in the following order: RELIGIOUS SCHOOL FEES (including B'NEI MITZVAH FEES & CONFIRMATION FEE), MEMBERSHIP DUES, and then BUILDING FUND.