

Giving Your Child a Jewish Education

TBS Schools: Eric B. Jacobs Early Childhood Education Center,
Rabbi Albert and Sarah Lewis Religious School & HaMakom High School
Early Childhood Education Center families should contact the ECEC office
to select your child(ren)'s program for the upcoming year.



RELIGIOUS SCHOOL SCHEDULE

Kindergarten—Gan / 1st Grade—Aleph Sunday 9 - 11:15am
2nd - 6th Grades—Bet - Vav Wednesday 4 - 6pm & Sunday 9-11:15am

HIGH SCHOOL SCHEDULE

Grades 7-10 Sundays 11:15am-1pm
Grades 7-12 Tuesdays 6:30-8:30pm

Family Name: _____

Home Phone: _____ / _____ - _____

Home Address _____

Parent #1 _____

Email _____

Cell Phone _____

Work Phone _____

Parent #2 _____

Email _____

Cell Phone _____

Work Phone _____

Emergency Contact _____

Phone _____

Child(ren)'s Doctor _____

Phone _____

Insurance _____

ID# _____

STUDENT NAME 1 _____ Hebrew Name _____

Birthdate: _____ Name of Secular School & Grade for Fall 2020 _____

Please supply us with any information which will help us in educating your child, e.g. special talents, eyeglasses, medications, allergies, living situation, etc.

Does your child have any special learning needs of which the school should be aware? If yes, please explain:

Request for Placement (*all requests must be reciprocal*). Placement requests are not guaranteed.

Request #1 _____ Request #2 _____

STUDENT NAME 2 _____ Hebrew Name _____

Birthdate: _____ Name of Secular School & Grade for Fall 2020 _____

Please supply us with any information that will help us in educating your child, e.g. special talents, eyeglasses, medications, allergies, living situation, etc.

Does your child have any special learning needs of which the school should be aware? If yes, please explain:

Request for Placement (*all requests must be reciprocal*). Placement requests are not guaranteed.

Request #1 _____ Request #2 _____

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STUDENT NAME 3 _____ Hebrew Name _____

Birthdate: _____ Name of Secular School & Grade for Fall 2020 _____

Please supply us with any information that will help us in educating your child, e.g. special talents, eyeglasses, medications, allergies, living situation, etc.

Does your child have any special learning needs of which the school should be aware? If yes, please explain:

Request for Placement (*all requests must be reciprocal*). Placement requests are not guaranteed.

Request #1 _____ Request #2 _____

PERMISSION FOR TRIPS: By initialing below, I give permission for my child(ren) to attend any programs/field trips off site during regular school hours and to take any transportation required to attend these programs/field trips. I understand that I will be notified in advance of any off site programs/field trips applicable to my child(ren) so that I will know his/her/their whereabouts at all times.

PARENT INITIALS _____

PICTURE RELEASE: I hereby authorize Temple Beth Sholom to use print and digital pictures and videos of my child(ren) taken at TBS events in digital and print publicity and marketing for TBS. I understand that my child(ren)'s full name(s) will not appear next to his/her picture and the pictures will only be used to promote TBS for educational materials.

PARENT INITIALS _____

Pricing:	
Kindergarten-Gan & 1st Grade-Aleph	\$545
2nd-10th Grades—Bet - Confirmation	\$1425
11th-12th Grades – Post Confirmation	\$710

Tuition Due \$ _____ *Enter this amount on the Covenant with Our Congregation Worksheet.*

Please note we are no longer utilizing FACTS for school payments. All payments will be processed through ShulCloud along with your membership fees.

Parent Signature: _____

Date _____

Parent Signature: _____

Date _____