



**TEMPLE BEIT TORAH**  
**Religious School/Chaverim Registration**  
**2021-2022**

Please return the registration form to:  
Temple Beit Torah  
522 E. Madison St.  
Colorado Springs, CO 80907

**Parent 1 Name/s and pronouns:** \_\_\_\_\_

**Parent 2 Name/s and pronouns:** \_\_\_\_\_

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

Phone: H: \_\_\_\_\_

Cell: \_\_\_\_\_

W: \_\_\_\_\_

2nd Cell: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Child's name and pronouns:** \_\_\_\_\_

Grade: \_\_\_\_\_

Interested in Hebrew school? Yes or No

**Child's name and pronouns:** \_\_\_\_\_

Grade: \_\_\_\_\_

Interested in Hebrew school? Yes or No

**Child's name and pronouns:** \_\_\_\_\_

Grade: \_\_\_\_\_

Interested in Hebrew school? Yes or No

**Child's name and pronouns:** \_\_\_\_\_

Grade: \_\_\_\_\_

Interested in Hebrew school? Yes or No

**Please return at least this page by August 30, 2021, so that we can begin the planning out class sizes. You may email this page to [chaverim@beit-torah.org](mailto:chaverim@beit-torah.org)**





## Participation and Media Permission Slip

I give my permission for my child/children to participate fully in Temple Beit Torah's 5782 Religious School/Chaverim program.

Parent/Guardian Signature & date: \_\_\_\_\_

---

### I understand that during the course of the year that pictures may be taken.

\_\_\_\_\_ I give permission for my child/children's picture to be used in Temple Beit Torah publications.

\_\_\_\_\_ I do not give permission for my child/children's picture to be used in Temple Beit Torah publications.

Parent/Guardian Signature & date: \_\_\_\_\_

---

### I understand that during the course of the year that pictures may be taken.

\_\_\_\_\_ I give permission for my child/children's picture to be used online (on the Temple Beit Torah publications website and social media).

\_\_\_\_\_ I do not give permission for my child/children's picture to be used (on the Temple Beit Torah publications website and social media).

Parent/Guardian Signature & date: \_\_\_\_\_

---

#### PLEASE NOTE:

As we return to in-person Religious School and as we as a community work to re-establish ourselves after the extended impacts of shutdowns and quarantines we have two priorities The first being the health and safety of all our congregants. The second being our growth as a community and the education of our children. **With these two thoughts in mind, we are beginning in person, with the understanding that we will all wear masks.** We may at times take outside "mask breaks." Additionally, we are starting small with formal classes only meeting twice a month, as we all ease back into our new post-Covid activities and commitments.

If at any time conditions warrant that we re-evaluate this decision, we will do so with these two priorities in mind. We respectfully ask all participants to (1) be willing to wear your mask while participating in-building and (2) stay home if you are not feeling well.





# Registration Notes

## Food Allergies or Preferences:

*(Please list all that pertain)*

**Child**

**Restricted food**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Health Concerns (other than dietary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Registration Notes (Continued)

Learning, Behavioral or Family Concerns *(Please list all that pertain)*

Child	Concern
1. _____	_____ _____ _____
2. _____	_____ _____ _____
3. _____	_____ _____ _____

Anything else that would help us meet the needs of your child/children/family:

---

---

---

---

---

Please list adults who ARE designated to pick up your child from Religious School:

_____	_____
_____	_____
_____	_____

Anyone who is specifically not allowed to pick up your child?

---

---



**Temple Beit Torah**  
**RELIGIOUS SCHOOL/CHAVERIM**  
**Tuition Worksheet**  
**2021/2022**

Family Name: \_\_\_\_\_

**Tuition is due the first day of Chaverim/Religious School Classes on Oct 3<sup>rd</sup>, 2021.**

**\*\* \_\_\_\_\_ The cost of tuition would be prohibitive for our family.**

**Payment scale is as follows including Hebrew**

Individual Child (1)	\$45.00	_____
Individual Child (2)	\$45.00	_____
Family of 3 or more children	\$118.00	_____
Donation to offset Religious School Expenses		_____
	Total	_____

Form of payment \_\_\_\_\_

*\*\* Your family is welcome to participate in religious school regardless of ability to pay.*

**Office Use only:**

Amount received: \_\_\_\_\_ Date: \_\_\_\_\_ Form of payment: \_\_\_\_\_

By Whom: \_\_\_\_\_

10/03/2021