



**TEMPLE BEIT TORAH**  
**Religious School/Chaverim Registration**  
**2023-2024**

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  No

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

Interested in Hebrew school?  Yes  No

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

Interested in Hebrew school?  Yes  No

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

Interested in Hebrew school?  Yes  No

**Please return at least this page by August 1, 2024 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)**

*You may use this version to fill out electronically and return via email.  
Please return 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 5784 Religious School/Chaverim program.

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

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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### **PLEASE NOTE:**

In consideration of all that we have learned from experiencing the pandemic; we respectfully ask all participants to stay home if you are not feeling well. We will continue to encourage hand washing and other health precautions as situations warrant.

If at any time decisions need to be reevaluated we will follow the policies of School District 11 and the City of Colorado Springs Health Department. If we do need to move to virtual learning, we do have the capabilities to do that with the Temple Zoom account.

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## 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:

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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?

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**Temple Beit Torah**  
**RELIGIOUS SCHOOL/CHAVERIM**  
**Tuition Worksheet**  
**2023/2024**

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

Tuition is due on or before the first day of Religious School Classes on Oct 1th, 2022.

**Payment scale is as follows including Hebrew**

Individual Child (1)	\$180.00	_____
Individual Child (2)	\$170.00	_____
Individual Child (3)	\$160.00	_____
Family of 4 or more children	\$550.00	_____
<b>Discount for Temple Members</b> <i>(per child)</i>	<b>-\$50.00</b>	_____
Donation to offset Religious School Expenses		_____
	<b>Total Due</b>	_____

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

(cash, check, pay via Shul Cloud account, make on-line payment with credit card)

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

**Please speak privately with Rabbi Pillsbury or Leah Rachlis**

**\*\* 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: \_\_\_\_\_

10/01/2023

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