

KEHILLAH



KEHILLAH HIGH REGISTRATION CONGREGATION BETH YESHURUN 2019 - 2020/5780

FAMILY NAME (PRINTED) _____

Did you know? Your tuition covers approximately 50% of the actual cost to educate your child, the balance is subsidized by the Congregation through dues and fundraising efforts.

PLEASE LIST EACH CHILD'S NAME BESIDE THE GRADE THEY WILL BE IN DURING THE 2019 – 2020 SCHOOL YEAR. PLEASE USE THE BLANK LINE IF YOU HAVE MORE THAN ONE CHILD IN A PARTICULAR GRADE (AND FILL IN GRADE AND TUITION).

STUDENT'S NAME	GRADE (2019 – 2020)	EARLY REGISTRATION (IF PAID IN FULL BY JULY 1)	REGULAR REGISTRATION (AFTER JULY 1)
	8TH GRADE	\$860	\$960
	9TH GRADE	\$860	\$960
	10TH GRADE	\$860	\$960
	11TH GRADE	\$860	\$960
	12TH GRADE	\$860	\$960
		\$860	\$960
		\$860	\$960

REGISTRATION TOTAL	\$ _____
IF YOU WOULD LIKE TO INCLUDE A DONATION TO HELP COVER THE TUITION FOR A FAMILY UNABLE TO PAY, PLEASE INCLUDE THE AMOUNT YOU WOULD LIKE TO PAY OVER YOUR FAMILY'S TUITION.	\$ _____
IF YOU WOULD LIKE TO INCLUDE A DONATION FOR THE RELIGIOUS SCHOOL'S OPERATING EXPENSES, PLEASE INCLUDE THE AMOUNT YOU WOULD LIKE TO PAY.	\$ _____
TOTAL DUE	\$ _____

FAMILIES MUST BE MEMBERS IN GOOD STANDING AT CONGREGATION BETH YESHURUN IN ORDER FOR REGISTRATION TO BE PROCESSED, TO RECEIVE THE EARLY REGISTRATION DISCOUNT, AND BEFORE CHILDREN ARE ABLE TO START RELIGIOUS SCHOOL, SULAM, OR KEHILLAH HIGH. SYNAGOGUE DUES MUST BE CURRENT THROUGH DECEMBER, 2018 TO REGISTER AND MUST BE CURRENT THROUGH JUNE, 2019 TO BEGIN SCHOOL.

KEHILLAH

High

**KEHILLAH HIGH
CONGREGATION BETH YESHURUN
TUITION INFORMATION
2019 - 2020/5780**

PLEASE KEEP THIS SHEET FOR YOUR RECORDS.

*****ALL SCHOLARSHIP REQUESTS MUST BE SUBMITTED BY JUNE 1.**

FAMILIES MUST BE MEMBERS IN GOOD STANDING AT CONGREGATION BETH YESHURUN IN ORDER FOR REGISTRATION TO BE PROCESSED, TO RECEIVE THE EARLY REGISTRATION DISCOUNT, AND BEFORE CHILDREN ARE ABLE TO START RELIGIOUS SCHOOL, SULAM, OR KEHILLAH HIGH. SYNAGOGUE DUES MUST BE CURRENT THROUGH DECEMBER, 2018 TO REGISTER AND MUST BE CURRENT THROUGH JUNE, 2019 TO BEGIN SCHOOL.

WITHDRAWAL POLICY: Each student registration includes a non-refundable administrative processing fee of \$125.

If a student withdraws before the first day of school, the administrative processing fee plus 25% of the remaining tuition will be kept.

If a student withdraws after the first day of school, the administrative processing fee plus

- 50% of the remaining tuition will be kept if the withdrawal is in the first semester.
- 100% of the remaining tuition will be kept if the withdrawal is in the second semester.

In the event of one of the following circumstances, please talk with Sheryl Eskowitz, Education Director:

- Family moves out of town
- Catastrophic illness

THE PARENT/GUARDIAN ELECTS TO PAY THE TUITION FOR EACH STUDENT IN ONE OF THE FOLLOWING WAYS:

1. Tuition is paid in full to Congregation Beth Yeshurun at the time of registration and is paid by check, cash, money order, or credit card (payment by credit card is subject to a 3% processing fee).
2. Tuition is payable through FACTS Management Company. Automatic Bank Payments (ACH) can be arranged to pay tuition in payments throughout the school year. FACTS payments may be made on either the 5th or 20th of the month. A minimum payment of **\$125 per student** is due with registration.

KEHILLAH HIGH REGISTRATION FORMS

CONGREGATION BETH YESHURUN

2019 - 2020/5780

Pages 1 and 3 - 5 should be completed for each family. Pages 6 and 7 must be completed for each student. Please print clearly.

Student #1 _____

Last Name	First	Middle	Hebrew Name	Sex				
<hr/>								
Birthdate	Daytime School Attending	Student E-Mail	Student Cell Phone					
<hr/>								
Enrolling in (please circle grade):			8	9	10	11	12	T-Shirt Size _____

Student #2 _____

Last Name	First	Middle	Hebrew Name	Sex				
<hr/>								
Birthdate	Daytime School Attending	Student E-Mail	Student Cell Phone					
<hr/>								
Enrolling in (please circle grade):			8	9	10	11	12	T-Shirt Size _____

Student #3 _____

Last Name	First	Middle	Hebrew Name	Sex				
<hr/>								
Birthdate	Daytime School Attending	Student E-Mail	Student Cell Phone					
<hr/>								
Enrolling in (please circle grade):			8	9	10	11	12	T-Shirt Size _____

Student #4 _____

Last Name	First	Middle	Hebrew Name	Sex				
<hr/>								
Birthdate	Daytime School Attending	Student E-Mail	Student Cell Phone					
<hr/>								
Enrolling in (please circle grade):			8	9	10	11	12	T-Shirt Size _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____ C/C--CHECK NUMBER _____ NOTES _____

STUDENT #1: TUITION _____ E _____ R _____ L _____ S _____ FACTS _____

STUDENT #2: TUITION _____ E _____ R _____ L _____ S _____ FACTS _____

STUDENT #3: TUITION _____ E _____ R _____ L _____ S _____ FACTS _____

STUDENT #4: TUITION _____ E _____ R _____ L _____ S _____ FACTS _____

Family Name (Printed) _____

Address #1 _____ City/Zip _____ Home Phone # _____

Address #2 (if applicable) _____ City/Zip _____ Home Phone # _____

(Please note - If there are 2 addresses listed, please note which parent is at each address)

1. _____
Parent/Guardian's Name _____ Business Phone _____ Cell Phone* _____ E-mail _____

2. _____
Parent/Guardian's Name _____ Business Phone _____ Cell Phone* _____ E-mail _____

**Please make sure we have at least one cell phone number so that we are able to reach you through an emergency text service if needed.*

***Please put a star next to any contact information that you do NOT want shared.*

Photograph Permission

Kehillah High and its affiliated synagogues are authorized to use pictures of your child(ren) on their websites or in other publicity materials for educational and advertising purposes. Please be aware that group photos are taken of students throughout the year and your child might be asked to move out of a photo if the school isn't allowed to use his/her picture.

Yes (can use picture with teen's name) Yes (can use picture without teen's name) No

Field Trip Authorization - PARENTS WILL BE NOTIFIED BY E-MAIL IN ADVANCE OF ALL FIELD TRIPS.

_____ You have my permission to take my child(ren), _____, on all field trips throughout the 2019 – 2020 school year. For good and valuable consideration as set forth herein, I and my successors and assigns hereby fully release, discharge, and hold harmless Beth Yeshurun, Kehillah High, and their agents, clergy, and employees from any and all claims, causes of action, obligations, suits, damages and liability of any kind whatsoever arising out of my child(ren)'s enrollment and participation in this program, whether known or unknown, including but not limited to attorney's fees, damages, costs, expenses, and any other form of damages whatsoever.

_____ You do not have my permission to take my child(ren), _____, on field trips throughout the 2019 – 2020 school year.

With my signature below, I acknowledge the statements above on this page, and I agree to follow the policies of the School as explained in the Student/Parent Handbook.

Parent/Guardian's Signature _____ Date _____

Family Name (Printed) _____

Tuition for the 2019 - 2020 school year will be paid as follows:

Option 1:

_____ Tuition is paid in full with registration to Congregation Beth Yeshurun, payable by check, cash, money order, or credit card (subject to a 3% processing fee). **This is the only option that is eligible for the Early Registration Discount.**

Option 2:

_____ Budgeted Payment plan through FACTS. Automatic Bank Payments (ACH) paid through FACTS in installments. Payments may be made on either the 5th or 20th of the month from your checking or savings account. A minimum payment of **\$125 per student** is due with registration.

Option 3:

_____ Payment of **\$125 per student** is due with registration, but awaiting confirmation of financial assistance to pay balance. Upon notification of financial assistance from the Scholarship Committee, the balance will be paid in full by check, cash, or credit card (subject to applicable processing fees), or the balance will be paid in installments through FACTS.

For all options, please return the entire registration packet to the Religious School Office with payment to complete the registration process.

School administration, based upon enrollment, makes teacher employment and other significant commitments; therefore, the following withdrawal policies have been set.

Each student registration includes a non-refundable administrative processing fee of \$125.

If a student withdraws before the first day of school, the administrative processing fee plus 25% of the remaining tuition will be kept.

If a student withdraws after the first day of school, the administrative processing fee plus

- 50% of the remaining tuition will be kept if the withdrawal is in the first semester.
- 100% of the remaining tuition will be kept if the withdrawal is in the second semester.

In the event of one of the following circumstances, please talk with Sheryl Eskowitz, Education Director:

- Family moves out of town
- Catastrophic illness

I agree to make tuition payments for the 2019 - 2020 school year according to the option I have selected above, and I understand that I must be a member in good standing at Congregation Beth Yeshurun in order for registration to be processed, to receive the Early Registration Discount, and before my children can begin Kehillah High.

Parent/Guardian's Signature

Parent/Guardian's Name (printed)

Date

Student's Name _____ Birthdate _____

Synagogue Beth Yeshurun Grade _____

Health and Emergency Information/Authorization For Kehillah High

I, _____, hereby give permission for any and all medical and/or dental attention to be administered to my child, _____, in the event of accident, injury, sickness, etc. I also assume the responsibility for the payment of any such treatment.

Parent/Guardian Signature _____ Date _____

Health History (Please use the back of the page if more space is needed for any answers)

Allergies (food, medicine, etc.)	Yes	No	Epilepsy/Seizures	Yes	No
Anaphylactic allergies	Yes	No	Hearing Problems	Yes	No
Asthma	Yes	No	Vision Problems	Yes	No
Diabetes	Yes	No			

If you answered YES to any of the above, please explain and list what accommodations we should consider.

Does the student take medicine of any kind? If yes, please give the name of the medication and its purpose.

Is there anything else that staff should know regarding his/her health condition?

Are there any other issues that are life threatening, require medication, or should be brought to our attention?

____ Please check if you would like to request a meeting to discuss specifics regarding your teen's health.

Emergency Contacts and Insurance Information

Please provide us with the names of an emergency contact, other than yourself, and your doctor who will be available to care for your child in case of an emergency.

Emergency Contact _____ Phone Number(s) _____

Relationship to Student _____

Doctor's Name _____ Phone Number _____

Insurance Company _____

Group Number _____ Policy Number _____

Name of Insured _____

Special Needs Information

Please complete this page for each child with special needs enrolled in Kehillah High. The form does not need to be submitted if there are no special needs.

If you have a child with special needs, please provide the following information to help make his/her religious school experience a successful one. This information is **strictly confidential** and accessible only to those involved in his/her education at the synagogue.

Student's Name _____

School Child Attends _____ Grade _____

In school, my child receives accommodations:

- ___ In the regular classroom only, with special assistance ___ hours per day
- ___ In a special classroom less than 25% of the day
- ___ In a special classroom setting between 25% and 50% of the day
- ___ In a special classroom more than 50% of the day
- ___ In a special classroom only

In school, my child receives the following modifications (please circle):

- | | |
|---|---|
| Changes in the pace of instruction | Behavioral management systems |
| Extended time for assignment completion | Social supports (buddy system, sensitization of classmates) |
| Reduced paper/pencil tasks | Taped texts |
| Preferred seating | |
| Other _____ | |

On the back, please include a description summary about your child including strengths and weaknesses, past Religious School experience, and suggestions of what academic, social, emotional and/or physical modifications would be beneficial to your child for the next school year.

Would you like to have a conference with your child's teacher?

Do we have permission to contact your child's school?

If yes, please provide:

Teacher's Name _____

Teacher's E-mail _____

School Phone Number _____

Parent's Signature _____ Date _____