



**WILLIAM S. MALEV SCHOOLS FOR RELIGIOUS STUDIES  
OF CONGREGATION BETH YESHURUN**

**RELIGIOUS SCHOOL AND SULAM REGISTRATION  
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 MAY 31)	REGULAR REGISTRATION (JUNE 1 – JULY 1)	LATE REGISTRATION (AFTER JULY 1)
	PRE-K	\$710	\$785	\$885
	KINDERGARTEN	\$710	\$785	\$885
	1 <sup>ST</sup> GRADE	\$710	\$785	\$885
	2 <sup>ND</sup> GRADE	\$710	\$785	\$885
	3 <sup>RD</sup> GRADE	\$1020	\$1095	\$1195
	4 <sup>TH</sup> GRADE	\$1020	\$1095	\$1195
	5 <sup>TH</sup> GRADE	\$1020	\$1095	\$1195
	6 <sup>TH</sup> GRADE	\$1020	\$1095	\$1195
	7 <sup>TH</sup> GRADE	\$775	\$850	\$950

**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.**

<b>REGISTRATION TOTAL</b>	\$ _____
If you would like to include a donation to <u>help cover the tuition for a family unable to pay</u> , please include the amount you would like to pay over your family's tuition.	\$ _____
If you would like to include a donation for the <u>Religious School operating expenses</u> , please include the amount you would like to pay over your family's tuition.	\$ _____
<b>TOTAL REGISTRATION+DONATION/S DUE</b>	\$ _____
PAID <input type="checkbox"/> check <input type="checkbox"/> cc <input type="checkbox"/> cash on _____	\$ _____
<input type="checkbox"/> PAID IN FULL <input type="checkbox"/> FACTS <input type="checkbox"/> <b>BALANCE DUE</b>	\$ _____



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**TUITION INFORMATION  
2019 - 2020/5780**

**PLEASE KEEP THIS SHEET FOR YOUR RECORDS.**

**\*\*\* ALL SCHOLARSHIP REQUESTS MUST BE SUBMITTED BY FRIDAY, MAY 31.**

**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.**

FAMILIES WHO ARE UNAFFILIATED WITH ANY SYNAGOGUE MAY REGISTER FOR PRE-K ONLY TO GET A TASTE OF RELIGIOUS SCHOOL, BUT MUST JOIN CONGREGATION BETH YESHURUN BEFORE REGISTERING FOR OTHER GRADES.

**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
- Child is enrolled in Jewish Day School for K – 6<sup>th</sup> Grade only

**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 5<sup>th</sup> or 20<sup>th</sup> of the month. A minimum payment of \$125 per student is due with registration.

**All money paid for Pre-K will be refunded if we do not have the minimum number of students required to make a class.**

**WILLIAM S. MALEV SCHOOLS FOR RELIGIOUS STUDIES**  
**OF CONGREGATION BETH YESHURUN**

**RELIGIOUS SCHOOL AND SULAM**  
**REGISTRATION FORMS FOR 2019 - 2020/5780**

**Pages 1 and 3 - 6 should be completed for each family AND Pages 7 - 9 must be completed for each student.**

Student #1 \_\_\_\_\_

Last Name	First	Middle	Hebrew Name (Pref. in English & Hebrew)
Birthdate	Daytime School Attending	<i>Sulam only:</i> Student E-mail	Student Cell Phone
	Religious School (Grades Pre-K - 6)	Sulam (Grade 7)	
Please circle:	PK K 1 2 3 4 5	7	

Student #2 \_\_\_\_\_

Last Name	First	Middle	Hebrew Name (Pref. in English & Hebrew)
Birthdate	Daytime School Attending	<i>Sulam only:</i> Student E-mail	Student Cell Phone
	Religious School (Grades Pre-K - 6)	Sulam (Grade 7)	
Please circle:	PK K 1 2 3 4 5	7	

Student #3 \_\_\_\_\_

Last Name	First	Middle	Hebrew Name (Pref. in English & Hebrew)
Birthdate	Daytime School Attending	<i>Sulam only:</i> Student E-mail	Student Cell Phone
	Religious School (Grades Pre-K - 6)	Sulam (Grade 7)	
Please circle:	PK K 1 2 3 4 5	7	

Student #4 \_\_\_\_\_

Last Name	First	Middle	Hebrew Name (Pref. in English & Hebrew)
Birthdate	Daytime School Attending	<i>Sulam only:</i> Student E-mail	Student Cell Phone
	Religious School (Grades Pre-K - 6)	Sulam (Grade 7)	
Please circle:	PK K 1 2 3 4 5	7	

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ CC/CHECK# \_\_\_\_\_ 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) \_\_\_\_\_

Parent/Guardian Name Business Phone Cell Phone\* Email

Address#1 City State Zip Home Phone

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

Parent/Guardian Name Business Phone Cell Phone\* Email

Address#2 City State Zip Home Phone

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

**PHOTOGRAPH PERMISSION**

Congregation Beth Yeshurun is authorized to use pictures of your child(ren) on websites for Beth Yeshurun 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.

**PLEASE only choose one:**

- Yes (can use picture with child's name)     Yes (can use picture without child'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 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 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 5<sup>th</sup> or 20<sup>th</sup> 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
- Child is enrolled in Jewish Day School for K – 6<sup>th</sup> Grade only

**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 Religious School or Sulam.**

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Parent/Guardian Signature

Date

Family Name (Printed) \_\_\_\_\_

Child(ren)'s Name(s) (Printed) \_\_\_\_\_

### TRANSPORTATION INFORMATION

In order to better serve the safety and security of our students and families, please complete all information below with as many details as possible. We want to assure the safe departure of all of our students at each session. Please contact the school office if there are changes during the year.

The people authorized to pick up our child(ren) are:

NAME

CELL PHONE

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

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

Parent's Signature: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

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### VOLUNTEER INFORMATION

Your involvement is important to our school in order for us to excel. We need the help of our parents in a variety of ways. Please complete this section if you are willing to volunteer. Your assistance is greatly appreciated!

I would like to volunteer to:

- \_\_\_\_\_ Assist with special projects as needed
- \_\_\_\_\_ Accompany my child's class on a field trip or offsite event
- \_\_\_\_\_ Help with the Model Seder (in Religious School only)
- \_\_\_\_\_ Other

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

**HEALTH & EMERGENCY INFORMATION/AUTHORIZATION FOR RELIGIOUS SCHOOL/SULAM**  
**(One form needed for each child)**

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 have a meeting to discuss specifics regarding your child'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 \_\_\_\_\_

## GETTING TO KNOW YOUR CHILD QUESTIONNAIRE (One form needed for each child)

**IN ORDER FOR US TO BEST MEET THE ACADEMIC AND SOCIAL NEEDS OF EVERY CHILD, WE ASK THAT YOU PLEASE COMPLETE THIS QUESTIONNAIRE; ONE FOR EACH CHILD.**

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

I'd describe my child as \_\_\_\_\_

One important thing for you to know about my child is \_\_\_\_\_

What does your child like best about religious school and/or school? \_\_\_\_\_

My child's strengths are \_\_\_\_\_

Areas in which you hope to see some improvement this year \_\_\_\_\_

List some hobbies or after-school activities your child is most involved in. \_\_\_\_\_

What motivates your child? \_\_\_\_\_

What is a Jewish experience that your child enjoys? \_\_\_\_\_

What hopes or goals do you have for your child this year as related to Religious School?

Any additional comments or information you'd like to share so that we can best meet your child's needs (feel free to use an extra sheet if needed). \_\_\_\_\_



## SPECIAL NEEDS FORM (IF NEEDED)

– PLEASE COMPLETE THIS PAGE FOR EACH CHILD WITH SPECIAL NEEDS ENROLLED IN RELIGIOUS SCHOOL OR SULAM. 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 '19 - '20) \_\_\_\_\_

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):

- |  |  |
|--|--|
| <input type="checkbox"/> Changes in the pace of instruction      | <input type="checkbox"/> Behavioral management systems                               |
| <input type="checkbox"/> Extended time for assignment completion | <input type="checkbox"/> Social supports (buddy system, sensitization of classmates) |
| <input type="checkbox"/> Reduced paper/pencil tasks              | <input type="checkbox"/> Taped texts   |
| <input type="checkbox"/> Preferred seating                       |  |
| <input type="checkbox"/> 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 \_\_\_\_\_