

CONGREGATION BETH EL MORRIS & ETHEL NAVASKY RELIGIOUS SCHOOL

109 East Avenue Norwalk, CT 06851

phone: 203-838-2710

fax: 203-838-2659

e-mail: navasky@congbethel.org

PLEASE COMPLETE ONE FORM PER FAMILY

FAMILY INFORMATION

Parent/Guardian 1

Last Name _____ First Name _____

Address _____
(if other than child/ren's) Street _____ City, State, Zip _____

Phone Numbers:

Home: _____

Business: _____

Cell: _____

Fax: _____

Primary E-mail Address

Secondary E-mail Address

Please indicate here if you cannot be reached by email

Parent/Guardian 2

Last Name _____ First Name _____

Address _____
(if other than child's) Street _____ City, State, Zip _____

Phone Numbers:

Home: _____

Business: _____

Cell: _____

Fax: _____

Primary E-mail Address

Secondary E-mail Address

Please indicate here if you cannot be reached by email

Child(ren) lives with: Both Parents Mother Father
Other _____

Consent Form

I grant permission for my child(ren) to be included in evaluations, photos, and /or videos connected with the Navasky school programs or promotions.

Name, address, phone number and e-mail address may be used for a Parent Directory.

PLEASE COMPLETE REVERSE SIDE!

In case of an emergency which requires a call to a physician or dentist, please call:

Physician's Name Phone Number

Dentist's Name Phone Number

This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities. I give permission to the physician or hospital selected by a representative of Temple Beth El Hebrew School to hospitalize, secure emergency treatment in case of an accident, or provide routine treatment for common conditions such as colds, infections and minor injuries. This authorization does not cover elective surgery or elective hospital treatment.

Signature of Parent/Guardian _____ Date _____

Health Insurance Company Policy #

In case of accident or illness at school and parent/guardian cannot be reached, please call:

Emergency Contact #1

Name Relationship to child

Home Phone Business Phone Cell Phone

Emergency Contact #2

Name Relationship to child

Home Phone Business Phone Cell Phone

Tuition Worksheet 2017-2018

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH AN ADDITIONAL SHEET.

Tuition for the 5778/2017-2018 School Year **

Kindergarten- \$560 Grades 1&2 \$750 Grades 3 –7 \$1250 K'tanim (ages 3 & 4)- \$ 100
Books and supplies fee Kindergarten- \$ 68 Grades 1—7 \$136 per child

** \$50 Discount for families with 3 or more children in Grades K-7

***Payment in full by August 1st will receive \$18 off tuition price or an \$18 credit will be applied to your account.

50% of tuition balance is due by the start of the school year (August 31, 2015)

Balance is due by November 1st, 2015

___ Check here if you would like the Financial Secretary to call to make other arrangements.

Tuition Calculation

Child 1:Name: _____ Grade: _____ Tuition \$ _____

Child 2:Name: _____ Grade: _____ Tuition \$ _____

Child 3:Name: _____ Grade: _____ Tuition \$ _____

Child 4:Name: _____ Grade: _____ Tuition \$ _____

Subtotal \$ _____

-\$50 if 3 or more in Grades K—7 \$ _____

Subtotal \$ _____

-\$18 off tuition if paid in full before August 1st \$ _____

Books and supplies fee ___X \$136 (per student
Except kindergarten \$ 68) \$ _____

Total \$ _____

**FOR RETURNING STUDENTS, THESE CHARGES WILL APPEAR ON YOUR MAY 1 BILL
PLEASE COMPLETE REVERSE SIDE!**