



Navasky
Religious School

Congregation Beth El

109 East Avenue Norwalk, CT 06851

203-838-2710

navasky@congbethel.org

2020-2021

PLEASE COMPLETE ONE FORM PER FAMILY

STUDENT INFORMATION

Child 1 Name: _____ DOB: _____

Pronouns child uses: _____

Child 2 Name: _____ DOB: _____

Pronouns child uses: _____

Child 3 Name: _____ DOB: _____

Pronouns child uses: _____

Child 4 Name: _____ DOB: _____

Pronouns child uses: _____

MEDICAL INFORMATION (please indicate which child this pertains to)

Please inform us of any allergies and/or medical conditions that may impact your child during Hebrew School hours:

Medications (no medications can be administered in Hebrew School without a physician's written authorization):

GENERAL LEARNING PROFILE (please note that confidentiality will be respected at all times)

Does your child have any type of special learning need? Y or N If yes, please explain:

Does he/she receive any special services for secular school, such as special education classes, resource room pull-out program, or other services? If so, please explain.

Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past year, etc.)?

Please Fill Out Page on Reverse Side.

FAMILY INFORMATION

Parent/Guardian 1

Last Name _____ First Name _____

Address _____
Street _____ City, State, Zip _____

Phone Numbers:
Home: _____ Business: _____
Cell: _____

E-mail Address: _____

Please indicate here if you cannot be reached by email

Parent/Guardian 2

Last Name _____ First Name _____

Address _____
Street _____ City, State, Zip _____

Phone Numbers:
Home: _____ Business: _____
Cell: _____

Primary 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 including any social media (no children will be directly tagged).

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

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 2020-2021

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

Tuition for the 5781/2020-2021 School Year**

**Kindergarten- \$560 Grades 1&2 \$750 Grades 3 –7 \$1250 K'tanim (ages 3 & 4)- \$100
Books and supplies fee \$150 per child**

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

50% of tuition balance is due by the start of the school year (August 31, 2020)

Balance is due by November 1st, 2020

*If you need to make any financial arrangements, please contact Jody Dietch at 203-838-2710.

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 \$ _____

Books and supplies fee ___ X \$150 \$ _____

Total \$ _____