



Navasky
Religious School

Congregation Beth El

109 East Avenue Norwalk, CT 06851

203-838-2710

navasky@congbethel.org

2019-2020

PLEASE COMPLETE ONE FORM PER FAMILY

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

MEDICAL INFORMATION

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

____ My child requires a peanut-free environment

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

Please Fill Out Page on Reverse Side.

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.)?

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 2019-2020

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

Tuition for the 5780/2019-2020 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, 2019)

Balance is due by November 1st, 2019

*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 \$ _____

FOR RETURNING STUDENTS, THESE CHARGES WILL APPEAR ON YOUR MAY 1 BILL