



# HaMakom at Temple Beth Am Kindergarten – 12<sup>th</sup> grade Information Form 2017-2018/5778



## Student Information

Student 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade (as of 8/2017): \_\_\_\_\_ Secular School: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Summer Camp: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade (as of 8/2017): \_\_\_\_\_ Secular School: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Summer Camp: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Grade (as of 8/2017): \_\_\_\_\_ Secular School: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Summer Camp: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent/Guardian Information

Parent 1

Parent Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Parent 2

Parent Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Should we send mailings to both parents?  Yes  No

## Emergency Contact & Medical Form

Student 1

**Child Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical, Physical, or Emotional Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical, Physical, or Emotional Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical, Physical, or Emotional Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

***Please be advised that we are not allowed to give your child any prescription or non-prescription (over the counter) medication.***

I hereby give the staff of Temple Beth Am, its agents (or other adult accompanying my child), permission to obtain and/or to administer emergency CPR and/or medical care for my child in the event I cannot be reached. I have reviewed the information above and have reviewed it for accuracy.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In case of emergency, if a parent cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Permission and Releases

### Photo/Publicity Release 2017-2018

I hereby give Temple Beth Am and the Lorraine and Jack N. Friedman Commission for Jewish Education of the Palm Beaches (Friedman CJE) permission and the right to use photographic, electronic, video or digital images of my child in publications, publicity, and similar materials.

Yes       No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Field Trip/Retreat Release 2017-2018

I hereby give my child permission to ride in designated transportation as decided by Temple Beth Am (TBA) for field trips. I understand transportation is being provided by a third party (such as a bus company) and do not hold TBA, any of its employees and/or agents responsible for any damage, liability, losses or expenses related to such transportation and/or caused by these operators. In signing below, I give my child permission to take transportation provided by TBA.

Yes       No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Code of Conduct

I hereby grant permission for my child(ren) to attend Temple Beth Am Religious School which begins on **August 20, 2017** and runs until **May 6, 2018**. I realize this is a commitment which I am making for the religious education of my child, as far as attendance, homework, decorum, and carryover to home practices.

All students are expected to conduct themselves in a safe, responsible manner, respect other students and Temple property. Repeated incidents of disruption will result in a consultation with parents and disciplinary action, including possible dismissal when the students fail to respect the behavioral expectations of HaMakom at Temple Beth Am.

By signing below, I agree that all information has been reviewed and corrected as necessary and that our family will abide by the School rules and policies. I further agree to pay all tuition and fees as outlined unless other financial arrangements are granted.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent Volunteer Opportunities

We strive to offer the best supplemental Jewish program and for us to succeed we need additional support. Please select from the following Religious School volunteer opportunities. If you have any special skills, please share them with us.

\_\_\_\_ PTO, \_\_\_\_ Education Advisory Committee, \_\_\_\_ Fundraising, \_\_\_\_ Teaching/Substituting,  
\_\_\_\_ Events, \_\_\_\_ Family Breakfast, \_\_\_\_ Other \_\_\_\_\_

Special Skills: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**2017 – 2018 Tuition & Fees**

(3<sup>rd</sup> – 12<sup>th</sup> grade tuition includes youth group dues)

		No. of Students	Cost
Registration Fee	\$100/due at registration		
Kindergarten	Priceless (no additional tuition fee)		\$0
1 <sup>st</sup> & 2 <sup>nd</sup> grade	\$615		
3 <sup>rd</sup> – 7 <sup>th</sup> grade	\$715		
8 <sup>th</sup> – 12 <sup>th</sup> grade	\$360		
<b>Total:</b>			

All families must be in good financial standing with Temple Beth Am to register children for HaMakom at Temple Beth Am.

**Registration Fee**

\_\_\_\_ Payment by check enclosed, check # \_\_\_\_\_

\_\_\_\_ Payment by credit card (please complete information below)

**Payment Plan for Tuition**

\_\_\_\_ One payment by cash or check enclosed, check # \_\_\_\_\_

\_\_\_\_ One payment by credit card (please complete information below)

\_\_\_\_ Monthly payments by credit card or check (10 months from July – April)

**Credit Card information**

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Scholarship Assistance**

Temple Beth Am provides scholarship assistance to families who are experiencing severe financial need. Assistance will be based on the availability of funds for students in 1<sup>st</sup> – 12<sup>th</sup> grade. If you wish to apply for tuition assistance, please contact Carol Sleeper at (561)747-1109, ext. #202. This applies to tuition assistance only – Registration fee is due in total at time of registration.

**Donation**

I would like to help other families in need of tuition assistance and am enclosing my donation of \$ \_\_\_\_\_ to TBA. This donation is Tax Deductible to the full extent permissible by law.