



**HaMakom at Temple Beth Am
Religious School
2016-2017/5777 Information Form**



Parent/Guardian Contact Information

Parent Name: _____ Cell #: _____

Parent #1 E-Mail: _____

Address: _____

Parent Name: _____ Cell #: _____

Parent #2 E-Mail: _____

Address (if different than above): _____

Grandparent(s) names: _____

Address(es): _____

Student Information

Child #1: Last Name: _____ First Name: _____

Date of Birth: _____ Hebrew Name: _____

Secular School (As of August 2016): _____ Grade (as of 8/2016) _____

T-Shirt Size: _____

Child #2: Last Name: _____ First Name: _____

Date of Birth: _____ Hebrew Name: _____

Secular School (As of August 2016): _____ Grade (as of 8/2016) _____

T-Shirt Size: _____

Child #3: Last Name: _____ First Name: _____

Date of Birth: _____ Hebrew Name: _____

Secular School (As of August 2016): _____ Grade (as of 8/2016) _____

T-Shirt Size: _____

Emergency Contact & Medical Form

Child #1 Name: _____ **Grade:** _____

Allergies: _____

Medical, Physical, or Emotional Conditions: _____

Medications: _____

Child #2 Name: _____ **Grade:** _____

Allergies: _____

Medical, Physical, or Emotional Conditions: _____

Medications: _____

Child #3 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.

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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: _____

Permission and Releases

Photo/Publicity Release 2016-2017

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 2016-2017

I hereby give my child permission to ride in designated transportation as decided by Temple Beth Am for field trips. I understand transportation is being provided by a third party (such as a bus company) and do not hold Temple Beth Am, 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 the temple.

Yes No

Parent Signature: _____ Date: _____

Permission to Attend

I hereby grant permission for my child(ren): to attend Temple Beth Am Religious School which begins on **August 21, 2016** and runs until **May 7, 2017**. 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. 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: _____

Volunteer Opportunities

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

____ Education Advisory Committee, ____ Fundraising, ____ Teaching/Substituting, ____ Events,
____ Family Breakfast, ____ Other _____

Special Skills: _____

Student Name: _____

Parent Name: _____

Tuition & Fees

		No. of Students	Cost
Registration Fee	\$100/due at registration		
Kindergarten	Priceless (no additional tuition fee)		\$0
1 st & 2 nd grade	\$595		
3 rd – 7 th grade	\$695 (includes youth group dues)		
Total:			

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

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)

____ 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 1st – 7th 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 Temple Beth Am. This donation is Tax Deductible to the full extent permissible by law.