



K-12th GRADE INFORMATION FORM

HaMakom at Temple Beth Am

2018-2019/5779



STUDENT INFORMATION

STUDENT 1	Full Name:		
	Date of Birth:	Grade (as of 8/2018):	Hebrew Name:
	Secular School:		Summer Camp:
	What activities does your child participate in outside of school?		
STUDENT 2	Full Name:		
	Date of Birth:	Grade (as of 8/2018):	Hebrew Name:
	Secular School:		Summer Camp:
	What activities does your child participate in outside of school?		
STUDENT 3	Full Name:		
	Date of Birth:	Grade (as of 8/2018):	Hebrew Name:
	Secular School:		Summer Camp:
	What activities does your child participate in outside of school?		
What do you enjoy doing as a family?			

PARENT/GUARDIAN INFORMATION

PARENT 1	Full Name:	
	Cell Phone #:	Email:
	Address:	
PARENT 2	Full Name:	
	Cell Phone #:	Email:
	Address (if different from above):	
Should we send mailings to both parents? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMERGENCY CONTACT AND MEDICAL FORM

STUDENT 1	Name:	Grade:
	Please list any medical concerns or allergies:	List any medications or special diets:
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child receive any accommodations in the classroom?
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?

STUDENT 2	Name:	Grade:
	Please list any medical concerns or allergies:	List any medications or special diets:
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child receive any accommodations in the classroom?
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?

STUDENT 3	Name:	Grade:
	Please list any medical concerns or allergies:	List any medications or special diets:
	Does your child have a 504 Plan or an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child receive any accommodations in the classroom?
	What does your child do especially well (academically, physically, etc.)?	What difficulties, if any, does your child display?

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/Guardian 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 2018-2019

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/Guardian Signature: _____ Date: _____

Field Trip/Retreat Release 2018-2019

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/Guardian Signature: _____ Date: _____

Code of Conduct

I hereby grant permission for my child(ren) to attend Temple Beth Am Religious School which begins on August 19, 2018 and runs until May 5, 2019. 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/Guardian Signature: _____ Date: _____

Student 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: _____

HaMakom at Temple Beth Am 2018-2019/5779

Student Name(s):	Parent Name(s):
------------------	-----------------

2018-2019 Tuition & Fees			
<small>(3rd-12th grade tuition includes youth group dues)</small>			
		# of Students	Cost
Registration Fee	\$130 (per child, due at registration)		
Kindergarten	Priceless (no additional tuition fee)		
1st-2nd Grade	\$615		
3rd-7th Grade	\$715		
8th-12th Grade	\$360		
	TOTAL		

All families must be members of Temple Beth Am to register children for HaMakom at Temple Beth Am.

Registration Fee

- Payment by check enclosed (made payable to Temple Beth Am), check # _____
- Payment by credit card (please complete information below)
- Payment by ACH Debit (call Temple office for authorization form)

Payment Plan for Tuition

- One payment by check enclosed, (made payable to Temple Beth Am), check # _____
- One payment by credit card (please complete information below)
- One payment by ACH Debit (call Temple office for authorization form)
- Monthly payments (10 months from July–April) by credit card, ACH Debit, or check

Credit Card Information

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ Billing Zip Code: _____

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–12th grade. If you wish to apply for tuition assistance, please contact Carol Sleeper at 561.747.1109, x202. 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.