## Temple Beth Shalom Religious School Lower School (Grades K-7)

## **Registration 2022- 2023 / 5783**

**ONE CHILD PER FORM: PLEASE PRINT ALL INFORMATION CLEARLY** 

Student's Name:			
First	Last		Birth Date
School:	Grade in 2022-2023:		ade in 2022-2023:
Student's Hebrew Name:			Gender:
Parent #1		Parent #2	
Address		Address (if different)	
City	Zip	City	Zip
Cell Phone: ()	Ce	ell Phone: ()	
Email:		_ Email:	
If parents are divorced or separ	ated, with whom does cl	nild reside?	
Do you want emails /mailings fi	rom the Religious School	to be sent to both pare	ents? ( ) Yes ( ) No
Siblings: Name	Grade	Name	Grade
Name	Grade	Name	Grade
Emergency Contacts: 1)		P	Phone:
2)		P	Phone:

Special learning /medical needs/allergies/ or any other information we should have concerning your child:

## Temple Beth Shalom Religious School Lower School (Grades K-7) Registration 2021- 2022 / 5782

Name of Student: Grade:				
Person(s)	responsible for tuition payment:			
Relations	hip to student:			
Contact in	nfo (if not on previous page):			
GRADE	CLASS TIMES	FEES	AMOUNT DUE	
K – 3	Sundays 10:00-12:00 starts Sept. 11th	\$650 (Early bird thru July 1 - \$625)		
3-7	Sundays 10:00-12:00 starts Sept. 11th Wednesdays 4:30-6:00 starts Sept. 14	\$825 (Early bird thru July 1 - \$790)		
		TOTAL DUE:		
		Amount enclosed:		
		BALANCE:		
We never v necessary. cost of tuit PLEASE CI	rase note: We have raised our tuition this year want finances to be a barrier to a Jewish educe. At the same time, we need to make our budgion, your generosity will support families that  HECK BELOW:  Payment in full enclosed  Deposit enclosed (MINIMUM \$100)	cation, and make sure to offer s get. If you are able to contribu	scholarships when	
	Bill me monthly I would like to contribute an additiona My child will require a scholarship. ( <i>Pl</i>			
	<b>OF PAYMENT:</b> Check # Date:	Amount:		
	Visa / Mastercard/Discover #			
	CCV# (on back): Expiration da			

NOTE: Religious School Tuition is non-refundable except in case of serious illness or family move.

## **Temple Beth Shalom Religious School Lower School (Grades K-7)** Registration 2021- 2022 / 5782

1.	If I cannot be reached in an emergency, I authorize TBS to seek medical attention j	for m	y child.

- 2. My child has permission to participate in all class field trips. I will be notified in advance of all trips.
- 3. My child has permission to leave school with:
- 4. TBS has my permission to publish photographs taken of my child for use in publications or on the website. My child will not be identified by name. I understand we will not receive financial compensation for such publicity.
- 5. All children and parents who would like to attend on-campus events are required to submit proof of vaccination against Covid-19, including any eligible boosters. Decisions about masks

Signature of Parent or Guardian:	Date:
Response Committee. Any questions or comments sftbscovidresponse@gmail.com	s can be directed to
and distancing will be made closer to the start da	te of school with the guidance of the Covid