

Temple Beth David

5777/2016-2017 Religious School Registration/Emergency Form

(An updated form is required each school year)

(Please print)

Parent/Guardian

Parent/Guardian

Last Name

First Name

Last Name

First Name

Address

Address

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Telephone: Home (____) _____

Telephone: Home (____) _____

Work (____) _____

Work (____) _____

Cell (____) _____

Cell (____) _____

E-mail _____

E-mail _____

Child's email address _____

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Other _____

Parent or grandparent not living with children who should receive school mailings:

Name _____ Address _____

City/State/Zip Code _____ (____) _____ Phone _____

E-mail _____

List all children enrolling in Religious School for September 2016 (PreK-10th Grade):

Student's First Name (and last name if different than parent)	Birth Date	As of September 2016			Religious School Year
		Age School	Grade	Name of Day	
1.					
2.					
3.					

Please list 3 names to whom student may be released in case of emergency if parents cannot be reached:

Name _____ Relationship _____ Phone _____

1. _____

2. _____

3. _____

Please describe any special needs that might affect your child's performance and/or participation in class:

(Parents are encouraged to speak to both the Director of Education and classroom teacher(s). All discussions are confidential.)

What expectations do you have regarding your child's Jewish education at Temple Beth David Religious School?

MEDICAL RELEASE

Doctor's Name _____ Phone (_____) _____

Allergies or special medical conditions _____

May we administer Tylenol/Ibuprofen to your child? Yes No

I/we hereby give permission for the enrolled child(ren) to be given emergency care as administered, authorized or directed by any adult person acting on behalf of Temple Beth David Religious School. Such care may include x-ray examination, rendered to said minor under the provisions of the Medicine Practice Act; anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth David Religious School personnel will try, but not be required, to communicate with me prior to such treatment.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

VISUAL/AUDIO IMAGE RELEASE

I/we hereby grant permission to Temple Beth David of the San Gabriel Valley, its employees and agents, to take and use visual/audio images of my child listed below. Visual/Audio images are any type of recording, including photographs, digital images, drawings, rendering, voices, sounds, video recordings, audio clips, or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as Temple-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as other community uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Temple Beth David of the San Gabriel Valley and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

Temple Beth David Parent Expectations and Opportunities

Volunteering is an essential value and expectation in our community. It provides opportunities for self-expression, creativity, and leadership; it serves as an example to our children; it reflects a commitment to our school's well-being; it helps you to develop a connection to the congregation; and, it gets what needs to get done!

GENERAL EXPECTATIONS

1. Attendance at scheduled school-wide meetings and special family programs
2. Class-sponsored Family Dinners and Services
 - a. At least one time per year, each grade participates in one Friday evening service. Families are expected to attend the service and provide a dessert for the Oneg.
3. Student Absences
 - a. Although attendance at our school is clearly not mandatory, we do rely upon our parents' commitment to ensuring that students attend as frequently as possible. In the event that your child(ren) are unable to attend a session, you are expected to be in communication with either your child's teacher or Cantor Schwartz about the absence.

VOLUNTEER REQUIREMENTS

1. Snack duty- Sunday, 10:30am-11:15am
 - a. For a minimum of one, or a maximum of two times per year, depending on how many children you have in the school, one parent (or both) will purchase and set-up snack on designated Sunday morning(s). The expense will be reimbursed.
2. Family Fun Night/Purim: our annual fund raising event
 - a. Family attendance
 - b. A modest item or cash donation for the class gift basket
 - c. Volunteering for a specific task (e.g. set-up, basket assembly, committee member)

VOLUNTEER ESSENTIALS

Parents/grandparents are enjoined to check off one or more of the following:

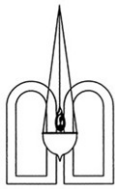
- Participate on the Family Fun Night Volunteer Team
- Be a member of the Religious School Education Committee (committee meets 6-8 times yearly)
- Coordinate parent participation in our snack program
- Be a greeter, and help set up a snack, at one Tot Shabbat service
- Be a greeter at one of our Family High Holiday services
- Be a greeter at our Religious School Open House
- Help prepare, shop, set up and/or clean-up for our Model Seder

VOLUNTEER OPPORTUNITIES

Parents/grandparents are encouraged to check off one or more of the following

- Assist with special projects (murals, Holiday activities, arts and crafts projects, drama activities, etc.)
- Sponsor/initiate a Special Program
- Substitute for Religious School
- Teach a class or workshop to Religious School parents
- Make a presentation at a Bagel Breakfast
- Be a Field Trip Chaperone and/or Driver

Your comments about our Religious School are welcome: _____



Temple Beth David

5777/2016-2017 Religious School Fee Structure

Early Registration Discount Deadline: August 1, 2016 (deduct \$40 per child/per class)
\$100 deposit required upon registration to qualify for discount

Child #1 (Name): _____	Enrollment in RS Grade: _____	Hebrew: _____
Child #2 (Name): _____	Enrollment in RS Grade: _____	Hebrew: _____
Child #3 (Name): _____	Enrollment in RS Grade: _____	Hebrew: _____

❖ **Religious School (Tuition doubled if non-members)**

PreK-9th Grade (28 Sundays, 9:30am-12:30pm), and Confirmation Class 10th Grade (Alternate Sunday evenings)

_____ \$650 for one child _____ \$1025 for two children _____ \$1,375 for three children

Total: \$ _____

❖ **Hebrew Class (For Students preparing for Bar or Bat Mitzvah)**

1st and 2nd Year, often corresponding to 5th and 6th Grade (25 Sundays, 12:30pm-1:30pm, includes pizza lunch)

_____ \$275 per child

3rd Year (mid-Sept.-mid-Feb; 20 Wednesdays, 4:00pm-5:15pm)

_____ \$200 per child

Total: \$ _____

❖ **Sunday Hoog (includes a pizza lunch)**

_____ \$100 per child (extra-curricular activity following religious school, 12:30pm-1:30pm, for approximately 18 sessions)

Total: \$ _____

❖ **Youth Group (see flyer for details)**

Students in Grades 7-12 (1-2 Wednesdays per month, 6:30pm-9:00pm)

_____ \$36 per child

Total: \$ _____

A snack is provided each Sunday during break @ \$50 Fee per student \$ _____

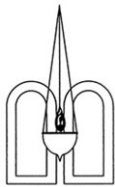
TOTAL FEES \$ _____

Less Early Reg. Discount \$ _____

PAID \$ _____

BALANCE \$ _____

If financial consideration is needed, please contact Cantor Schwartz.



Temple Beth David

5777/2016-2017 Religious School Fee Commitment

NAME _____

BALANCE DUE \$ _____

Payment Plan

(Please check a payment plan from below and remit your payment based upon the selected plan.)

- 10 Payments/year (1st payment is 10% of your Religious School Fees).
For 10 payments/year, payment method is credit card only.
- 4 Payments/year (1st payment is 25% of your Religious School Fees).
 Payment by check, or debit/credit card.
- 2 Payments/year (1st payment is 50% of your Religious School Fees).
 Payment by check, or debit/credit card.
- 1 Payment/year (Payment of 100% of your Religious School Fees).
 Payment by check, or debit/credit card.

First Payment: _____ \$ _____

Method of Payment

- My check is enclosed. I will pay by check in the future. (**Not applicable for 10 installments plan**-please choose credit card payment).
- If paying by credit card, please consider adding 2% to your pledge to cover credit card processing fees and complete the enclosed credit card form. We use a separate form for security purposes. **Those paying in 10 installments must pay by credit card.**

Name (please print)

Signature

Date

Please sign, date, and return this form to us by Sunday, July 31, 2016, in person or by mail to:

**Temple Beth David
 9677 E Longden Avenue
 Temple City, CA 91780**

If you have questions about this form, please contact Cantor Richard Schwartz at 626-287-9994 or via e-mail at: r.j.schwartz@sbcglobal.net.

Temple Beth David Credit Card Authorization



*Temple Beth David
of the San Gabriel Valley
9677 E. Longden Avenue
Temple City, CA 91780*



Visa

MasterCard

Please Print

Cardholders Name: _____ Phone Number: _____

Billing address _____ Zip _____

Credit Card # _____ Expiration Date _____

CVV2/CIV # _____ Email Address: _____

I authorize Temple Beth David to charge \$ _____ each month for _____ to the above credit card account. This will become effective immediately and remain in effect through _____
Month / Day / Year

I authorize Temple Beth David to charge \$ _____ one time only for _____

Signature _____ Today's Date _____

*Please return to:
Denise E. Waldrep
Temple Administrator
Temple Beth David of the SGV
Fax: 626-287-2846 or
Email: office@templebd.com*