



TEMPLE BETH DAVID

– A SPIRITUAL AND CULTURAL COMMUNITY –

Religious School Registration Form for 5783 (2022-2023)

Thank you for your interest in Temple Beth David's Religious School! We welcome Families with children in TK/K, 1st, 2nd, 3rd, 4th, 5th, 6th, 9th (Bar/Bat Mitzvah year). We welcome 8th-12th graders in the Madrichim Teaching Assistants Program and Youth Group.

Child's Full Name:	
Hebrew Name (if applicable):	
Birthdate:	Grade:
Gender:	Nickname:
Home Address:	
Whom Does the Child Reside With?	

Child's Full Name:	
Hebrew Name (if applicable):	
Birthdate:	Grade:
Gender:	Nickname:
Home Address:	
Whom Does the Child Reside With?	

Child's Full Name:	
Hebrew Name (if applicable):	
Birthdate:	Grade:
Gender:	Nickname:
Home Address:	
Whom Does the Child Reside With?	

Parent Information

Parent/Guardian Full Name:	
Employer:	
Occupation:	
Business Phone:	Cell:
Email:	

Parent/Guardian Full Name:	
Employer:	
Occupation:	
Business Phone:	Cell:
Email:	

Emergency Contact Information

Emergency Contact #1:	
Relationship to Child:	
Home Phone:	Cell:

Emergency Contact #2:	
Relationship to Child:	
Home Phone:	Cell:

Additional Information

Is there anything we should know about your child(ren) before the start of the school year?

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

List previous religious education with other institutions and/or synagogues.

How can we make your child's experiences the most optimal experience you and your family envision?

**We are a caring and holy community. How would you like to give back?
(Please check all that apply)**

<input type="checkbox"/> Morning and/or end of day lobby greeters	<input type="checkbox"/> Guest speaker	<input type="checkbox"/> Arranging teacher appreciation day
<input type="checkbox"/> Chaperoning field trips	<input type="checkbox"/> Run stations at special school programs (model Passover Seder, Israel Day, Chanukah celebration, Purim Carnival, etc.)	<input type="checkbox"/> Setting family or Ulpan Shabbat dinners
<input type="checkbox"/> Providing snacks	<input type="checkbox"/> Class parents	<input type="checkbox"/> Garden upkeep
<input type="checkbox"/> Purchasing school supplies	<input type="checkbox"/> Picking up senior guests to and from TBD (as part of our intergenerational involvement theme)	Anything else?
<input type="checkbox"/> Security	<input type="checkbox"/> Social Media outreach	
<input type="checkbox"/> Library or storytelling aide	<input type="checkbox"/> Videography, photography and other media	

Would you like to join one of our many, wonderful TBD committees / groups? (Please check all that apply)

<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Men's Club	<input type="checkbox"/> Mindfulness Meditation
<input type="checkbox"/> Ritual	<input type="checkbox"/> Social Justice	<input type="checkbox"/> Library
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Book Club	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Young Adult	<input type="checkbox"/> Caring Committee	<input type="checkbox"/> Choir
<input type="checkbox"/> Parent Board	<input type="checkbox"/> TBD Board	<input type="checkbox"/> Audio/Visual

Medical Release Consent Form (Copy for Each Child)

Child's Name:	DOB:
Doctor's Name:	Phone Number:
Allergies or special medical condition(s): 	
May we administer Tylenol/Ibuprofen to your child?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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.</p>	
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

Visual/Audio Image Release (Copy for Each Child)

Child's Name:	DOB:
<p>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.</p> <p>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.</p> <p>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.</p>	
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:



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Sign-In & Sign-Out Policy

Temple Beth David requires that every child enrolled in our program be signed in and out by a responsible adult each time they attend school. You must sign your full name and time of arrival or dismissal.

1. School Arrival is 9:45 am. Please sign your child in on the clipboard at the front. An aide will be on-site to visit and greet your families.
2. After signing in, your child will partake in a brief health check. Children exhibiting any signs of illness will not be admitted. If they do not appear well after you leave, we will call you to take them home.
3. After 10:00 am Parents bring your child to the yard and sign in at the Administrator table.
4. If you plan to pick your child up early, we would like to know in advance. In case of last minute change of plans, be sure to speak to the teacher personally or call the office. If someone picks up your child who is not on the emergency card, please send a written note or call the office.
5. School Dismissal is 12:30. Children will be brought to parents at the sign-out table.
6. Anyone picking your child up from school must be 18 years or older and is subject to show identification.

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

Religious School Fee Commitment for 5783 (2022-2023)

*Temple membership required. For more information on registering for Temple Beth David, please email office@templebd.com or call (626) 287-9994

TK/K - 9th Grade (x30 Sunday sessions, 9:45-12:30pm)

- \$750 for one child
- \$1300 for two children
- \$1800 for three children

Adult Education Classes (complimentary)

Please check all that applies, we will then reach out to you:

- Adult Education for Religious School families (held on certain Sundays 10-12:30pm)
- Adult Hebrew Class (held Sunday mornings 11:30-12:30pm)
- Everyday Hebrew Conversation (held Wednesday afternoons at 4pm)

Payment Plan

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

- Full Payment/year (1st payment is 100% of your RS Fees)
- 2 Payments/year (1st payment is 50% of your RS Fees;)
- 7 Payments/year (1st payment is 20% of your RS fees; billed monthly, thereafter)

First Payment: \$ _____

Form of Payment: Check Direct Deposit Credit Card ACH ShulCloud

**If paying with a credit card, there will be a 3% additional charge to cover credit card processing fees.*

Office Use Only:

Payment Schedule: Oct Nov Dec Jan Feb Mar

Check Direct Deposit Credit Card ACH ShulCloud

Cardholder's Name:

Phone Number:

Billing Address:

Credit Card Number:

CVC:

Exp. Date:

Email Address:

_____ I authorize Temple Beth David to charge \$ _____ each month for the following classes (please check below) to the above credit card account. This will become effective immediately and remain in effect through ____/____/____ (MM/DD/YY).

_____ I authorize Temple Beth David to charge \$ _____ for the full amount to cover the tuition cost for TBD Religious School - Year: 5783 (2022-2023).

Signature:

Full Name:

Date

Please return to:

Temple Beth David of the San Gabriel Valley

Mail: 9677 Longden Avenue, Temple City, CA 91780

Phone: (626) 287-9994

Fax: (626) 287-2846

Email: office@templebd.com | templebd.school@gmail.com