

**Subscriptions:** For members of Congregation Beth Shalom, a Derech subscription is only \$40/month, \$320 per student for the entire school year. For a family with two or more children it's \$50/month or \$400 for the entire school year. The non-member rate is \$60/month, \$480 per student for the entire school year or \$70/month, \$560 for a family with two or more children.

**Parent Volunteer Info: Shalom Fest** is our biggest fundraiser for our program. This event occurs on May 2nd. **We need you!** Shalom Fest is the primary financial support for our youth education budget and the only way to ensure total success of this event is to have each family volunteer to help run the event, and bring their friends and neighbors to attend.

Parent's Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Email address(es) : \_\_\_\_\_

Child's (Children's) names:

\_\_\_\_\_  
\_\_\_\_\_

Grade(s) in Fall

2020: \_\_\_\_\_

Birthday(s) \_\_\_\_\_

Hebrew Name(s): \_\_\_\_\_

In case of an emergency-contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Name/s of insured: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Allergies and/or Special Needs: \_\_\_\_\_

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Please note: Parents will be responsible for the cost of any medical emergencies and health situations involving their child.

My child/children are in compliance with all state regulations regarding vaccinations as required of students enrolled in a public school or publicly-funded educational program:  
Yes \_\_\_ / No \_\_\_

I'd like to make an additional contribution to cover an additional subscription. Thank you! As a non-profit membership organization, we rely on donations and contributions for scholarships and other financial needs.

Amount that you would like to pledge: \_\_\_\_\_

Please contact us directly if you are requesting a scholarship.

We accept checks, cash, and credit card payments. Subscriptions may be paid quarterly (September, December and March). For members of the congregation, please let us know if you would like to be billed for this subscription over the 8-month school year together with your membership. Please indicate how you will pay or be billed for the tuition costs:

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I would like to enroll my child/children for the 2020-2021 program year and agree to cover the agreed-upon subscription costs. Parent Signature:

\_\_\_\_\_ Date: \_\_\_\_\_