

Hebrew School Registration Form

Child's /Children's names:

Parent's Name/s: _____

Grade Level/s entering in Fall 2022: _____

Birthday/s: _____

Hebrew Name/s: _____

Allergies, medications, and/or medical conditions: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

In case of an emergency-contact:

Name: _____

Phone: _____ Relationship: _____

Name of insurance company: _____

Name/s of insured: _____

Policy or Group Number: _____

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__

Tuition Calculator

_____ (number of students X \$500 per student, for a Beth Shalom member)

_____ (number students X \$650 per student, for a non-member)

- \$50 if there are one or more siblings also attending

+ \$75 for registrations received after September 18th

My family tuition is _____ based on the calculation above. Please let us know if you would like to be billed for this tuition over the 9-month school year together with your synagogue dues. (Billing is only available for members of Beth Shalom). We also accept checks, cash, and credit card payments. Tuition may be paid quarterly: September, December, and March. Please indicate how you will pay or be billed for the tuition.

I have read the Beth Shalom Hebrew School guidelines below and have reviewed them with my child/children. I am enrolling my child/children for the 2022-2023 school year and agree to comply with all guidelines and will cover the agreed-upon tuition costs.

Tuition payment or billing plan:

Parent Signature:

_____ Date: _____

