

# Beth Israel Religious School 2018-2019 Payment Form

## Kindergarten - 8<sup>th</sup> Grade

(Please do not list High Schoolers on this form.)

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

<u>Student Name</u>	<u>Grade</u>	<u>Tuition</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<b><i>Tuition Total</i></b>		_____

### TUITION SCHEDULE 2018-2019/5779

<u>Grade</u>	<u>Tuition</u>	<b><i>TUITION PAYMENT</i></b>	\$ _____
K-1	\$500		
2-5	\$850		
6	\$950 (includes special program fees)	<b><i>Optional Donations:</i></b>	
7	\$950 (includes special program fees)	<b><i>School Activities Fund</i></b>	\$ _____
8	\$575	<b><i>Scholarship Fund</i></b>	\$ _____
<b><i>Total Amount Enclosed</i></b>			\$ _____

- *2018-2019 Beth Israel members in good standing may apply to Beth Israel Religious School.*
- *Parents must return a completed 2018-2019 Beth Israel Dues Form and pay prior year's tuition balance by the first day of BIRS.*
- *To apply for a Beth Israel Religious School scholarship or to make special payment arrangements contact Beth Israel's Financial Vice-President. No child will be denied a Jewish education for financial reasons. All financial issues are kept strictly confidential. Please return form even if you are waiting for a financial aid decision.*
- *Parents must apply to the Financial Vice-President each year for scholarships; otherwise they will be billed full tuition.*

**REGISTRATION IS DUE BY Wednesday, August 15, 2018.**

*Please make checks payable to Beth Israel Religious School.*

**Questions? Call the School Office at 734-769-2041**

#### **FOR OFFICE USE ONLY:**

<b>Date Received</b>	<b>Check Number</b>	<b>Amount</b>

# Beth Israel Religious School 2018-2019 Registration Form

## Kindergarten - 8<sup>th</sup> Grade

Parent 1		Parent 2	
Last Name:		Last Name:	
First Name:		First Name:	
Address:		Address ( if different):	
City:	Zip code:	City:	Zip Code:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	

Student 1		
Last Name:	First Name/Nickname:	Hebrew Name:
Grade:	Name of public/private school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

Student 2		
Last Name:	First Name/Nickname:	Hebrew Name:
Grade:	Name of public/private school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

Student 3		
Last Name:	First Name/Nickname:	Hebrew Name:
Grade:	Name of public/private school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

*Beth Israel uses photos of synagogue events which are not associated with names or contact information. If you do not wish BIC to use photos that include you/your family please contact the Beth Israel office to opt out:  
office@bethisrael-aa.org, 734-665-9897*

**REGISTRATION IS DUE BY WEDNESDAY, August 15, 2018**

# Beth Israel Religious School 2018-2019

## Health Information Form

### Kindergarten – 8<sup>th</sup> Grade

Please fill this form out completely so that we can use the information in an emergency.

Parent Name: \_\_\_\_\_ Parent cell phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent cell phone #: \_\_\_\_\_

#### HEALTH INFORMATION:

1. Student's Full Name:	Birth Date:	Medical Conditions /Learning Challenges:	Current Medications:
2. Student's Full Name:	Birth Date:	Medical Conditions /Learning Challenges:	Current Medications:
3. Student's Name Full:	Birth Date:	Medical Conditions /Learning Challenges:	Current Medications:

#### MEDICAL INSURANCE PROVIDER

Are your child's/children's vaccinations up to date? \_\_\_\_\_yes\_\_\_\_\_no If you have a medical waiver please attach a copy.

Policy Holder:	Health Insurance Provider:	Contract/Group Number(s):
Primary Care Physician:	Physician's Address & Phone:	Preferred Hospital:
Dentist:	Dentist's Address & Phone:	Dental Insurance Provider & Contract Number:

#### EMERGENCY CONTACT INFORMATION

Full Name(s):	Relationship to student:	Phone Number(s):

In the event of a medical emergency, I authorize the staff of Beth Israel Religious School/Programs Department to obtain medical treatment for my child/children. I understand that I will be contacted as soon as possible. Any physical problems or special directions appropriate to my child/children have been listed on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Beth Israel Religious School and Programs Department 2018-2019 Field Trip Permission Form

## Kindergarten – 8<sup>th</sup> Grade

I give permission for a Beth Israel Religious School/Programs Department parent, teacher, or staff member to transport my child/children in his or her vehicle. I understand that my child/children must remain seated and properly restrained in a seat belt and follow all rules pertaining to safe transportation (being respectful of the driver and other passengers, keeping body and possessions to self, and keeping noise to a minimum).

\_\_\_\_\_  
(Full Name of Child 1)

\_\_\_\_\_  
(Full Name of Child 2)

\_\_\_\_\_  
(Full Name of Child 3)

I understand that I have the choice as to whether my child/children will attend field trips; and, knowing that my child/children may be driven by a parent volunteer, teacher, or staff member, I choose to have him/her attend. In consideration of my child's/children's right to participate, and with knowledge of the risks inherent in the operation of any motor vehicle, I agree that I will hold Beth Israel Religious School/Programs Department and its officers, agents, and employees harmless for any claim or liability which may arise directly or indirectly out of my child's/children's transportation to and from field trips. I also give permission for my child/children to go on walking field trips with Beth Israel Religious School/Programs Department.

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date

- I can volunteer to drive students on field trips. I attest that I have a valid driver's license, have current no-fault insurance, have had no more than 2 violations in 3 years or 3 violations in 5 years, have never been arrested for driving under the influence of alcohol or drugs, that children will be properly restrained according to State laws, that I will obey all speed limits and other traffic regulations, that I will not use a cell phone while driving, and that my vehicle is in good working order.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License State/Number

\_\_\_\_\_  
Vehicle Make, Model, Year, Color

\_\_\_\_\_  
License Plate Number