

CONGREGATION BETH SHALOM



2010–2011 Religious School Registration Packet

2010–2011 RELIGIOUS SCHOOL REGISTRATION FORM

Student's Last Name	First Name	Date of Birth	2010–2011 Religious School Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent/Guardian Contact Information

(Please complete upper and lower sections if parents/guardians live separately)

Parent/Guardian Names: _____

Residence Address: _____
(Number and Street) (City) (State) (Zip)

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Parent/Guardian Names: _____

Residence Address: _____
(Number and Street) (City) (State) (Zip)

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

By completing this form, you are consenting to have your family's information published in the School Directory and other CBS publications. If you wish to be excluded from the directory, please initial: _____

2010–2011 RELIGIOUS SCHOOL TUITION AND FEES

Grade	Registration Fee Per Student	Tuition (includes books) Per Student	Total Per Student
Sunday Only (Pre-K–2nd Grade)	\$25.00	\$292.00	\$317.00*
Sunday & Wednesday (3 rd –7th Grade)	\$25.00	\$510.00	\$535.00*

Registration Fee \$25 x _____ \$ _____

Tuition (Based on above schedule) \$ _____

5% Discount for 2 or more students -\$ _____

5% Discount for payment in full by September 12, 2010 -\$ _____

Total \$ _____

\$100 deposit required at the time of registration

Payment Option

_____ 5% discount for single payment at the time of registration (PAID IN FULL)

_____ Monthly installments (a total of 7 payments)

_____ Automatic monthly credit-card payments (a total of 7 payments)

TUITION PAYMENT AGREEMENT

Only members in good standing (all current and past dues are paid in full and are up to date), may have their tuition deducted monthly from their credit card or arrange for monthly installments in 7 equal payments, beginning September 2010. All school fees must be paid in full by May 2, 2011.

I understand a 2% cost recovery fee will be added to each credit card transaction.

_____ Please charge my credit card the full amount of \$_____.

_____ Please charge my credit card/bank account \$_____ per month for a total of 7 months.
(Please fill out the attached credit card form.)

If you need to apply for a needs-based scholarship, please complete the form the Scholarship Application.

Children of non-Congregational membership may enroll for 1 year for an additional \$150.

MEDICAL AND INSURANCE INFORMATION

Medical and Insurance Information

(Contact to be made in the event of an emergency or unavailability of parents/guardians)

Child 1: _____

Child 2: _____

Child 3: _____

Physician's Name: _____

Physician's Phone: _____

Physician's Address: _____
(Number and Street) (City) (State) (Zip)

Hospital Preferred: _____

Health Insurance Provider: _____
(Name) (Subscriber/Group Number) (Phone Number)

Please list any allergies your child has: _____

Does your child have any medical conditions that may affect his/her experience at Religious School?

Emergency Contacts

(Person to be notified in the event parents/guardians are unavailable)

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Information Provided Is Confidential

CONGREGATION BETH SHALOM
YOUTH PROGRAMS

Madrich

High School students who wish to work as madrichim in the Religious School classrooms will have a great opportunity to gain valuable teaching skills, work with their friends, and help younger students learn about Judaism, our language, culture, and customs. This year's program will focus on good teaching practices, ethics in the classroom, and facilitating collaboration among learners. We have a great need for developing leaders in our community who understand the needs of our members and enjoy solving problems and facing challenges—and of course, there is pay. If you are interested in working as madricha, please complete the 2010–2011 Youth Programs Registration Form and return it to the Temple by **August 31, 2010**. If you are undecided, or would like more information, please send e-mail Jenny Jeffrey, Temple Administrator, at jennyjeffrey@cbshalom.org or leave a phone message at (916) 485-4478, ext. 12.

Youth Group

Students entering public school grades 8–12 are invited to participate in a socially oriented activity group in our Congregation. Formation of the Youth Group this year depends upon the number of students who would like to join and their degree of willingness to participate. The concept behind the group is for Youth Group members to identify, generate, develop, and participate in activities that they would enjoy both within and outside the Temple. A youth group can be a great way to make and strengthen friendships, develop new skills, and have a blast doing the things you like to do.

Yachad

Students entering public school grades 8–12 have an opportunity to continue their Jewish education at Yachad with former students from other Congregations to affirm their Judaism through extended learning classes and activities and prepare for Jewish adulthood. If you are interested please, phone the Yachad offices at (916) 486-0906 or e-mail the Yachad General Mailbox at Yachad@jewishsac.org.

Confirmation

Confirmation is a collaborative effort between Yachad and the area Congregations, during the 10th-grade year, in which students attend learning programs at Yachad then return to their own Synagogue for the Confirmation ceremony. Confirmation is a wonderful way to see how Judaism is practiced throughout the Sacramento area and maintain pride in Jewish life and education. Please contact Yachad for program and fee details. The fee for Confirmation at Congregation Beth Shalom is \$75.

2010–2011 YOUTH PROGRAMS REGISTRATION FORM

Name: _____ Grade: _____
Last First

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Home Address: _____
(Number and Street) City Zip

Parent/Guardian Name: _____

Work: _____ Cell: _____

Parent/Guardian Name: _____

Work: _____ Cell: _____

Parent/Guardian Address (if different than above):

(Number and Street) City Zip

Check all that apply:

Madrichim

Please Check One

_____ I would like to work as Madricha on Sundays only.

_____ I would like to work as Madricha on Sundays and Wednesdays.

Youth Group

_____ I am interested in joining a Youth Group at Temple. I understand I am not committed to joining until after our planning meeting.

Confirmation

_____ I am a tenth grader and will participate in Confirmation.

Please include a check for \$75.00 payable to Congregation Beth Shalom

Credit Card Authorization Form

Name: _____

Master Card: _____ Visa: _____ Zip Code: _____

CC # _____

Expiration Date: _____ Amount: _____

I understand that a 2% cost recovery will be added to each credit-card transaction.

Phone #: _____ Reason for charge: _____

Signature: _____