



**The Adler and Angrist
B'Yachad Community Religious School
2018– 2019 Registration Form**

Student's Name:

Student's Hebrew Name:

Date of Birth:

Male Female

Student's Academic Grade (K – 12th) for the **2018-2019** school year:

Name of public school attending for the **2018-2019** school year:

Name of sibling(s) also enrolling in B'Yachad (first and last):

Is this student a graduate of Wiston Family Torah Tots? Yes No

Has this student attended Religious School in the past and, if so, where?

Yes No Religious School Name:

Is this student a member of a Youth Group and, if so, where?

Yes No Youth Group Name:

Family Contact Information

Home Address:

City, State, and Zip code:

Parent 1 Name (first and last):

Parent 1 Hebrew Name:

Parent 1 Phone Numbers: Home:

Cell:

Other:

E-Mail address:



B'Yachad 2018-2019 Registration Form Page 2 Student's Name:

Parent 2 Name (first and last):

Parent 2 Hebrew Name:

Parent 2 Phone Numbers: Home: Cell: Other:

E-Mail address:

Can Parent 1 & Parent 2 receive information via text? Yes No

Parent Marital Status: Married Divorced Separated Single

Child lives with: Both Parents Mother Father Other _____

Is there Court Order barring either parent from removing the student from school?

Yes No

Do parents have shared (or joint) parental rights and responsibility? Yes No

Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent/guardian? Yes No

Does either parent have final decision making authority regarding educational decisions for the student? Yes No

If yes, which parent _____

Please provide the school with a copy of ANY applicable court orders

Primary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last):

Relationship to Student:

Primary Phone Number:

Other Phone Number:



B'Yachad 2018-2019 Registration Form Page 3 Student's Name:

Secondary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last):

Relationship to Student:

Primary Phone Number:

Other Phone Number:

✧ **Special Medical Alerts / Other Medical Information We Need To Know:**

✧ **Special Needs and IEP's:** In order to best serve your child's learning needs please provide us with all relevant information so that we can develop the best possible plan to provide your child with a positive Religious School education and experience:



B'Yachad 2018-2019 Registration Form Page 4 Student's Name: _____

Important Information

- ✧ Registration is for the full school year: **August 2018 – May 2019.**
- ✧ **A nonrefundable \$36 registration fee and \$56 materials fee per child will be assessed.**
- ✧ **A nonrefundable \$18 PTO fee per child (maximum \$36 / family) will be assessed.**
- ✧ By signing below I give permission for my child to be photographed and video recorded during school events, on or off campus. Permission is granted for use of photos and likeness for promotional and/or archival purposes by any means and at the discretion of Temple Torat Emet, Temple Beth Tikvah, and the Central Agency for Jewish Education without compensation. I also give permission for these pictures to be used and posted to any social media site by any representative of the above named institutions.
- ✧ **In the event of an emergency, if I am unable to be contacted, I grant permission to B'Yachad Community Religious School, Temple Torat Emet, and Temple Beth Tikvah to authorize any emergency action necessary to ensure the safety of my child.** I agree to be liable and to pay for all costs and expenses incurred in connection with any services provided (e.g., medical or dental services).
- ✧ I give permission for my child to attend all B'Yachad Community Religious School field trips, unless otherwise indicated in writing prior to the event.
- ✧ I agree to read the B'Yachad Community Religious School Parents/Students Manual (to be provided to me at orientation) and I agree that I and all members of my family will abide by all of the policies stated therein.
- ✧ I agree to read and sign, together with my child, the Student Code of Conduct (to be provided to me at orientation) and I agree that I and all members of my family will abide by the items stated therein.

Please print the name of Parent/Guardian registering this student: _____

Date: _____

Parent/Guardian Signature: _____

Relationship to the student registrant if you are other than a parent: _____

2018-2019 B'Yachad Community Religious School Tuition Information *

Kindergarten – 2nd Grade - \$549; 3rd - 7th grade - \$849;

*** PARENT(S) MUST BE A TEMPLE MEMBER (EITHER ONE) IN GOOD STANDING TO REGISTER CHILDREN**



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FAMILY LAST NAME

SYNAGOGUE AFFILIATION

Description	Child's First Name	Tuition Fee	Registration Fee	Material Fee	PTO Fee**	Amount due
Kindergarten (Kitah Gan)		\$549	\$36	\$56	\$18	\$
Grade 1 (Kitah Alef)		\$549	\$36	\$56	\$18	\$
Grade 2 (Kitah Bet)		\$549	\$36	\$56	\$18	\$
Grade 3 (Kitah Gimel)		\$849	\$36	\$56	\$18	\$
Grade 4 (Kitah Daled)		\$849	\$36	\$56	\$18	\$
Grade 5 (Kitah Hey)		\$849	\$36	\$56	\$18	\$
Grade 6 (Kitah Vav)		\$849	\$36	\$56	\$18	\$
Grade 7 (Kitah Zayin)		\$849	\$36	\$56	\$18	\$
Less: Full Pmt Discount						(\$)
Less: Sibling Discount						(\$)
Total Due						\$

PAYMENT PLAN A
Payment in full by August 1, 2018
 SAVE \$36 registration fee for each child AND SAVE 10% with a sibling discount on the lesser program *

PAYMENT PLAN B
Eight equal tuition payments:
 August 2018 - March 2019
 First payment to include all fees and completed reg forms
 SAVE 10% with a sibling discount on the lesser program *

* Second and additional child discount is 10% each on the lesser program

** Maximum PTO Fee per family is \$36



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Please make **checks payable to Temple Torat Emet** and mail or bring the forms to:

Temple Torat Emet
Attn: B'Yachad Community Religious School 2018-2019 Registration
8600 Jog Road
Boynton Beach, FL 33472

To pay by credit card, please fill out the below authorization form

CREDIT CARD AUTHORIZATION

I, _____ (*PRINT NAME*) **authorize**
Temple Torat Emet of Boynton Beach, FL, to charge my:

Visa/American Express/Mastercard/Discover (please circle one)

Credit Card # _____

Expiration Date _____

CVV# _____

Name as it appears on card _____

Mailing address for card _____

Your Signature _____

Current phone number _____

Current email address _____

Amount to charge my credit card in payment for Religious School:

Plan A – pay in full (*enter total amount*) _____

Plan B – 8 equal tuition payments of (*enter amount*) _____

(Note: the full registration, materials, and PTO fees will be added to the first installment)