



**The Adler and Angrist
B'Yachad Community Religious School
2022– 2023 Registration Form - TTE
(One form per student)**

Student's Name: _____

Student's Hebrew Name: _____

Date of Birth: _____

Student's Academic Grade (K – 12th) for the **2022-2023** school year:

Name of public school attending for the **2022-2023** 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: _____

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: _____

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:

Important Information

- ✧ 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 Jewish Federation of Palm Beach County 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: _____

Parent/Guardian Signature: _____

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

2022-2023 B'Yachad Community Religious School Tuition Information *

- ✧ **Registration is for the full school year: August 2022– May 2023.**
- ✧ **A nonrefundable \$36 registration fee and \$72 materials fee per child will be assessed.**
- ✧ **A nonrefundable \$18 PTO fee per child (maximum \$36 / family) will be assessed.**
- ✧ **All fees will be guaranteed and paid in full regardless of whether child completes the school year.**
- ✧ **Select the appropriate Tuition Amount:**

Kindergarten – 2nd Grade Tuition - \$549; 3rd - 7th grade Tuition - \$899;

- ✧ **Second and any additional child tuition discount is 10%**

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

Parent/Guardian Signature: _____

Date: _____

PAYMENT PLAN A
Payment in full by August 1, 2022
SAVE \$36 registration fee for each child.
All forms must be included with payment.
SAVE 10% with a sibling discount

PAYMENT PLAN B
Eight equal tuition payments:
August 2022 - March 2023.
All fees must be included with
registration form & first month payment.
SAVE 10% with a sibling discount

Total Amount Due (\$36 registration + \$72 materials fee + \$18 PTO fee + Tuition Amount – any applicable discount(s): \$_____ . All registration fees must be included with the registration form. If registering after Aug 15, and choosing option B – first payment must also be included with registration form.

Student's Name: _____

Please mail or bring the forms to:

**Temple Torat Emet
Attn: B'Yachad Community Religious School 2021-2022 Registration
8600 Jog Road
Boynton Beach, FL 33472**

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

CREDIT CARD AUTHORIZATION (Please note there will be a 3% service fee charged for the use of Credit Cards)

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

Visa/MasterCard/Discover (please circle one)

Credit Card # _____

Expiration Date _____ CVV# _____

Name as it appears on card _____

Mailing address for card _____

Your Signature _____

Phone number _____ Email Address _____

Amount to charge my credit card in payment for Religious School (initial plan selected)

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

_____ Plan B – 8 equal tuition payments of: \$ _____

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