

Congregation Beth Israel
229 Murdock Avenue, Asheville, NC, 28804

Bet Sefer Religious School
Enrollment Form 2010-2011

Please return by August 1, 2010

Notes: (1) Please fill out all pages of this enrollment form as accurately as possible. Fill in each blank space since all requested information is extremely important. (2) Members of Beth Israel Synagogue receive a discount on tuition, so please make sure that your membership status is current or consider joining our Synagogue.

Student's name: _____ Hebrew Name: _____

Date of Birth _____ Entering Grade as of 8/2010 _____

Student's name: _____ Hebrew Name: _____

Date of Birth _____ Entering Grade as of 8/2010 _____

Student's name: _____ Hebrew Name: _____

Date of Birth _____ Entering Grade as of 8/2010 _____

Student's name: _____ Hebrew Name: _____

Date of Birth _____ Entering Grade as of 8/2010 _____

Contact Information

Parent 1 Name _____ Hebrew Name: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Parent 2 Name _____ Hebrew Name: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Emergency Contact Person _____ Phone _____

Emergency Contact Person _____ Phone _____

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Tuition Fees and Payment Method

*Fees include the applicable materials fee.
(Scholarships may be available. Please submit attached application.)*

Name of Parent (s) _____

Child(ren)'s Name(s) _____

Are you currently a member in good standing of Beth Israel? ____ Yes ____ No

Members: \$485.00 per child (each additional child \$415) x ____ = \$ _____

Nonmembers: \$605.00 per child (each additional child \$520) x ____ = \$ _____

Required \$36 materials fee per child (\$45/non-member) x ____ = \$ _____

Required deposit \$100/child:

Gan Katan for members: \$100.00 per child (ea. additional child \$90) x ____ = \$ _____

Gan Katan for nonmembers: \$125.00 per child (ea. additional child \$115) x ____ = \$ _____

Required \$36 materials fee per child (\$45 non-member) x ____ = \$ _____

Required deposit \$36.00/child

BALANCE DUE: \$ _____

*****Balance Due must be paid in full by February 1, 2011******

Contact Synagogue Office regarding Scholarship Application Process (for Members Only)

To pay by check.:

Please make checks payable to Congregation Beth Israel, write Bet Sefer on the check and mail to:
Congregation Beth Israel, 229 Murdock Avenue, Asheville, NC 28804

To pay by credit card:

Please complete the information below. A 3% credit card fee will be added to the amount charged to cover the expense incurred by Bet Sefer from the credit card company.

Credit Card Information: ____ Mastercard ____ Visa

Name as it appears on card _____

Card Number _____ **Expiration date:** _____

Amount to charge to credit card \$ _____ **plus 3%**

Cardholder Signature _____ **Date** _____

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Permission Form

Child's Name _____

Emergency Contacts

As our Synagogue policy does not provide for health and emergency coverage, parents will be responsible for medical emergency and health situations involving their child. In case of an accident or emergency, I want Congregation Beth Israel and Bet Sefer Religious School to follow this procedure:

1. Contact parent(s) or the emergency contact (s) if the parents are unavailable.
2. If parents or emergency contact cannot be reached or if injury is life threatening, take the child to Mission Hospital for emergency treatment.

Parent/Guardian Signature _____ **Date** _____

Media Release

I, _____, grant permission for my child _____ to be photographed, video or audio recorded at Bet Sefer Religious School and Religious School events. The media files and photographs may be used by Congregation Beth Israel for educational, membership and publicity purposes, including print and internet content.

Parent/Guardian Signature _____ **Date** _____

Person(s) Authorized to Pick Up My Child

1. Name _____ Phone during school hours _____

2. Name _____ Phone during school hours _____

Release

I, the undersigned, agree to release, hold harmless and indemnify Congregation Beth Israel, its agents, representative, directors, employees, offices, trustees, teachers and volunteers from all claims, damages or other liabilities for injuries to my son/daughter that are not the result of gross negligence, intentional neglect, or willful conduct by the Bet Sefer Religious School. I understand this release binds my heirs, personal representatives, and me.

Parent/Guardian Signature _____ **Date** _____

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Information Request Form**

Child's Name _____

We can best serve your child and the other children's needs if we know more about your child. We will use this information that you voluntarily provide to enrich your child's learning experiences. Confidentiality will be maintained at all times, and this information will be shared with your child's teachers when appropriate.

1) Does your child have any medical concerns that it might be important for us to know about (such as allergies, asthma, diabetes or required medications)?

2) Is there any information with respect to learning needs or behavior that we should know about to help create a safe, effective, and meaningful educational experience for your child? Does your child receive any support services in school? _____ If so, please describe

Bet Sefer Religious School Parent and Student Brit (Covenant) Form

Bet Sefer Religious School is dedicated to providing its students with a warm and creative environment and a strong educational foundation. In so doing, we strive to create in our children a positive Jewish identity with the skills and ethics necessary to become responsible, knowledgeable and motivated members of the Jewish community.

The success of the school depends critically on the partnership between students, parents, educators and community. We ask parents and students to join us in achieving these goals by agreeing to:

- Ensure that each student is prepared for Religious School, with the appropriate supplies and all assignments completed.
- Respect the learning environment by making sure that all students arrive on time.
- Work together as a family to reinforce the concepts, skills and knowledge taught in the school.
- Serve as a Religious School Greeter at least one session per child enrolled in the school.

We also agree that we will strive to increase the quality and quantity of Jewish learning in our home by:

- Observing holidays in our home – including Shabbat.
- Continuing our Jewish education by attending adult education programs or through reading and discussion. In so doing we act as role models to our children and reinforce the life-long importance of Jewish education.
- Volunteering to causes that make the world a better place and talking about the importance of *Tzedakah* (giving aid to those in need) and *Tikkun Olam* (repairing the world) with our children.
- Attending Shabbat and other services as a family to strengthen our connection to the greater Jewish community.

As a student, I promise...

- To attend Religious School regularly and on time.
- To do my best at school.
- To show respect to other students and my teachers.
- To complete my homework assignments on time.
- To cooperate and be ready to learn each day.

As a parent or guardian, I promise...

- To be an active participant in my child's Jewish education.
- To offer praise and encouragement to my child.
- To help my child attend Religious School regularly.
- To schedule homework time and review it with my child.
- To discuss my child's progress with his/her teacher on a regular basis.
- To receive and respond to written communications from the teacher.
- To make sure my child is well-rested and prepared for school (books & homework).

1st Parent/Guardian

2nd Parent/Guardian (if applicable)

Student Signature