



Temple School Registration 2010 ~ 2011

Due: September 1 2010.

Early Bird Special: Get your forms in by August 1

Temple School begins this year on Sunday, September 26

School registration will be processed once a current Membership Pledge Form is on file. With the exception of Kindergarten, Temple School is open only to children of our members.*

Parent(s)' names *List the parent(s) who is (are) members of Temple Beth El*

1 _____ 2 _____
First name/last name First name/last name

About your children

1 _____
First name/Last name Date of birth Temple school grade / Secular school grade M/F

2 _____
First name/Last name Date of birth Temple school grade / Secular school grade M/F

3 _____
First name/Last name Date of birth Temple school grade / Secular school grade M/F

4 _____
First name/Last name Date of birth Temple school grade /Secular school grade M/F

Communications

All parents who are Temple members will receive Temple School information automatically. If one of your child (ren)'s parent is not a Temple member and resides in a different household, please complete the information below so that s/he will receive notices about school events.

Parent(s) name(s)

Home mailing address City State Zip

Home phone Email Cell phone Work phone

* Please call the Temple School office if you would like to enroll in Kindergarten.

We Welcome Your Help!

Parent's Name: _____ **Parent's Phone #** _____

- | | |
|---|---|
| <input type="checkbox"/> Room Parent for Grade _____
<input type="checkbox"/> Front Door Volunteer
<input type="checkbox"/> Snack Sales (set up, shopping, or sell)
<input type="checkbox"/> Fundraising | <input type="checkbox"/> Mitzvah Day
<input type="checkbox"/> On-site Hebrew High Parent
<input type="checkbox"/> Call when volunteers are needed
<input type="checkbox"/> Other _____ |
|---|---|

Temple School Schedule

- Temple School begins after the High Holidays this year, on Sunday, September 26, with a Temple-wide picnic at DeLaVeaga Park. Rabbi Shifra will host an informational tea for parents on Sunday, October 3.
- Grades Kindergarten to 3 meet on: **Sundays, 9:45 -11:45 am.**
- Grades 4 to 6 meet on both: **Sundays, 9:45 -11:45 am and Wednesdays, 4:00 - 6:00 pm.**
- Grades 7 to 10 meet on: **Wednesday evenings, 7:00 - 9:00 pm.**
- Our Family Learning sessions, where parents join their children in class, are marked on your Temple School calendar which you will receive when you register. Please save these dates.

SEPTEMBER						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
OCTOBER						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 8-9 *Rosh Hashanah*
- 10 *2nd Day Rosh Hashanah*
- 17-18 *Yom Kippur*
- 22 *Sukkot Begins*

- 26 *Opening Day Picnic at DeLaVeaga Park*
- 29 *First Session of 7th grade & Hebrew High*

- 1 *Simchat Torah: Kindergarten Consecration*
- 1 *1st & 4th Grade Welcome*
- 3 *Tea with Rabbi Shifra*
- 6 *First Wednesday of Temple School*
- 10 *Jewish A Lot*
- 17 *Temple Open House & "Days of Creation" play*
- 24 *3rd Grade Family Learning(L)*
- 31 *Movie Day*

Special needs

Do (es) your child (ren) attend special resource classes in secular school or have an IEP? Yes No

If yes, please call Rabbi Shifra Weiss-Penzias at 479-3444 ext. 217 to discuss your child's learning style.

Parent Name(s): _____

Children Name(s): _____

Fees

Multiply fees by number of students in each category and enter any applicable discounts. Add down the right-hand column (subtracting the discounts) to find the total.

	Tuition and Book Fees	Number of Students	Total
Kindergarten	\$495.00 members \$595.00 non-members		
Grades 1–3	\$ 595.00	x	\$
Grades 4–6	795.00	x	
Grade 7 Including <i>Bar/Bat Mitzvah</i> Fees	1,888.00	x	
Grades 8–10—Hebrew High*	595.00	x	
Early Bird Discount: Before August 1 2010	– 40.00	1 Per Family	—
Sibling discount per additional child	– 25.00	x	—
Total Temple School fees			\$

*Confirmation families will incur additional expenses (to be determined) for the Confirmation class gift, dinner and service.

Financial Aid

A limited amount of financial aid is available for member families with demonstrated financial need. If you need financial aid, please fill out and submit the enclosed financial aid form. Since financial aid never covers the cost of books and supplies (\$55) or the Bar/Bat Mitzvah fees (\$1093.00), please include payment for these fees now. We do our best to offer financial aid to those who need it, but it is not guaranteed.

Payment Plan (Please check one)

- One payment by cash or check
- One payment by appreciated stock: Please call the Temple office before you initiate a sale, if you would like to pay by stock.
- Monthly payments by automatic deduction from a bank account. (The attached ACH Form must be completed.)
- One payment by credit card (complete section below)

⚠Note: A 3% Fee Will Be Added To Cover Credit Card Processing Costs

I authorize Temple Beth El to charge my credit card: **Visa** **MasterCard** **Discover**

Name on Credit Card _____ Credit Card Number _____

Billing address of credit card holder: _____ Expiration Date: _____

Code on Back of Card: _____ Signature: _____ Date: _____

Temple School Refund Policy: *If you are considering withdrawal from Temple School, we request that you discuss your decision with Rabbi Shifra. We are able to refund tuition only after receiving notification of withdrawal in writing. 100% of tuition and fees less \$50 processing fee will be refunded if written intent to withdraw is received prior to the beginning of school. After school begins the cost of books and materials will not be refunded (\$55). When withdrawal is received during first two weeks of classes (two Sundays and two Wednesdays) 90% will be refunded minus processing fee and materials. Third week through fourth week (three of each up to four Wednesdays and four Sundays) 75% will be refunded minus processing fee and materials. Before eighth week of classes in complete (eight Sundays and eight Wednesdays) 50% will be refunded minus processing fee and materials. After the eighth week there will be no refunds.*

Emergency Information

It is crucial that we have all up-to-date emergency information.

Please complete ALL information. This form has changed from last year.

Child(ren)'s name(s) _____

I give my permission for my child to take part in all activities including trips away from TBE. In the event of illness or accident, you are authorized to take such emergency action as you deem necessary for the welfare of my child. I authorize TBE to take such actions on behalf of myself. I hereby release and discharge Temple Beth El Jewish Community Center of Santa Cruz County, including agents and employees, of and from all causes of action for injuries or damages to my child in any way arising from or growing out of participation in said outings.

Signature of parent/guardian: _____ Date _____

Parent(s) cell phone numbers

Name	Phone	Name	Phone
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People to call if parents cannot be reached

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor: _____
Name Phone

Dentist: _____
Name Phone

Medical conditions

Please indicate your child(ren)'s allergies, medications or medical conditions we should be aware of, if any:

1 _____
Child's name Allergies Medical conditions

_____ Medications s/he his taking

2 _____
Child's name Allergies Medical conditions

_____ Medications s/he his taking

3 _____
Child's name Allergies Medical conditions



Temple Beth El
Jewish Community Center

2010-2011 Temple School Scholarship Application

Temple School is pleased to be able to offer need-based financial assistance toward tuition. We strive to enable every Jewish child to attend Temple School, regardless of income. We recognize that completing this form may cause discomfort for you and your family. We want you to know that we respect your privacy and will keep these forms under the utmost confidentiality. Because scholarship funds are limited, it is important that requests are received as early as possible so that we may promptly consider all requests with the aim of benefiting the most children. Please return the completed form to the Temple office. We will contact you regarding this request.

Thank you for completing this form which will help streamline the application process and accelerate the selection of scholarship recipients.

1.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

2.

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

3.

Second Parent/Guardian Name: _____

Second Parent/Guardian Phone: _____

Second Parent/Guardian Email Address: _____

Please specify the total amount you are applying for: \$ _____ (For tuition information by grade, please refer to previous page)

Total Combined Family Income: From All Sources

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$39,999 | <input type="checkbox"/> \$75,000 - \$89,999 |
| <input type="checkbox"/> \$40,000 - \$59,000 | <input type="checkbox"/> \$90,000 - \$120,000 |
| <input type="checkbox"/> \$60,000 - \$74,999 | <input type="checkbox"/> \$120,000 or More |

Debt Level: \$ _____

Regular Monthly Expenses:

Our household consists of: Adults _____ Children _____

Did you incur expenses for any of the following life-cycle events this past year?

B'nai Mitzvah: \$ _____ Elder-Care Expenses: \$ _____

Funeral: \$ _____ Wedding: \$ _____

Please inform us if you have experienced a decrease in your household income last year, or if you anticipate a decrease in your household income this year. Please check the appropriate box below and provide a brief description.

A parent's marital status has changed

Social Security ceased for:

Name: _____ on Date: _____

Worker's Compensation ceased for unemployed parent:

Name: _____ on Date: _____

Medical reason for: Parent Child

A parent/guardian expects to be unemployed in the next six months

A parent/guardian suffered a job lost in the past six months

A parent/guardian is unemployed now, but starts a job on Date: _____

A parent/guardian will be retiring

A parent/guardian has taken a pay decrease and/or had his/her hours reduced

A parent/guardian has been called up for military service

A parent/guardian has declared bankruptcy

The family experienced a financial loss this year due to a natural disaster

Death of a spouse

Family size has increased

Other:

Please provide a brief description for any of the items checked above:

2010-2011 Temple School Scholarship Application

List all education expenses incurred for all members of the household including: day care, religious school, and K-12 secular education

Name: _____

Name of Educational Institution: _____

Current Grade Level: _____ Annual Tuition: \$ _____

Annual Financial Aid Assistance: \$ _____ Parent Pays Annually: \$ _____

Name: _____

Name of Educational Institution: _____

Current Grade Level: _____ Annual Tuition: \$ _____

Annual Financial Aid Assistance: \$ _____ Parent Pays Annually: \$ _____

Name: _____

Name of Educational Institution: _____

Current Grade Level: _____ Annual Tuition: \$ _____

Annual Financial Aid Assistance: \$ _____ Parent Pays Annually: \$ _____

Name: _____

Name of Educational Institution: _____

Current Grade Level: _____ Annual Tuition: \$ _____

Annual Financial Aid Assistance: \$ _____ Parent Pays Annually: \$ _____

Total Annual Tuition: \$ _____

Total Annual Financial Aid Assistance: \$ _____

Parent Pays Annually: \$ _____

**I certify that all the information provided in this request is true, correct and complete.
I authorize Temple Beth El to make whatever inquiries are deemed necessary.**

Parent/Guardian Signature: _____

Date: _____

Second Parent/Guardian Signature: _____

Date: _____