

Temple Beth El
Jewish Community Center

Temple School Registration 2011 ~ 2012

Due: September 1 2011

Early Bird Special: Get your forms in by August 1 and save \$40

Temple School begins this year on Sunday, September 11

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 are not a TBE member and would like to enroll your child 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 and/or Grant Writing
<input type="checkbox"/> Do you have a special skill to share with our students? What Is It? _____ | <input type="checkbox"/> PTA
<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 before the High Holidays this year, on Sunday, September 11, with a Temple-wide picnic at DeLaVeaga Park. Rabbi Shifra will host an informational tea for parents on Sunday, September 18.
- 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 which will be confirmed via e-mail.

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					

- 11** Opening Day Picnic at DeLaVeaga Park K-6
- 18** Temple School at TBE ~ Tea with Rabbi Shifra
- 21** First Wednesday of Temple School Grades 4-6
- 21** First Session of 7th grade & Hebrew High Ice Cream Social
- 25** 6th Grade Family Learning
- 28-29** Rosh Hashanah
- 30** Second Day Rosh Hashanah
- No Temple School September 28 ~ October 9

- No Temple School October 2 ~ October 9
- 7th Grade and Hebrew High Fall Quarter begins

- 16** Jewish A Lot/ Family Picnic in the Sukkah
- 21** Simchat Torah: Kindergarten Consecration
- 21** 1st & 4th Grade Welcome
- 23** 3rd Grade Family Learning
- 30** 5th Grade Family Learning

Special needs

Do or does 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 TBE members \$595.00 non-members		
Grades 1–3	\$ 595.00	x	\$
Grades 4–5	795.00	x	
Grade 6 (includes <i>b'nai mitzvah</i> family retreat)	975.00	x	
Grade 7 (includes all <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.

Payment Plan (Please check one)

- One payment by cash or check: Due by September 11 2011
- 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 & returned with a voided check.)**
- 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.

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

People to call if parents cannot be reached:

Name Phone Relationship

Name Phone Relationship

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 she/he is taking

2 _____
Child's name Allergies Medical conditions

Medications she/he is taking

3 _____
Child's name Allergies Medical conditions

Medications she/he is taking

2011-2012 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

\$0 - \$39,999

\$75,000 - \$89,999

\$40,000 - \$59,000

\$90,000 - \$120,000

\$60,000 - \$74,999

\$120,00 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:

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

Students Names: _____

Names of Educational Institutions: _____

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: _____