



Temple Beth El  
Jewish Community Center

**Temple School 2008-2009**

## Temple School Registration

**Due August 15, 2008.**

**Early bird special: get your forms in by July 15, 2008 and save \$75.**

Temple School begins this year on Sunday, September 7 and Wednesday, September 10.

**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 students

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 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.



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### We welcome your help!

- |  |   |
|--|---|
| <input type="checkbox"/> Room parent for grade _____         | <input type="checkbox"/> Mitzvah Day Committee            |
| <input type="checkbox"/> Front Door Volunteer                | <input type="checkbox"/> On-site Hebrew High parent       |
| <input type="checkbox"/> Snack Sales (set up, shop, or sell) | <input type="checkbox"/> Call me when you need volunteers |
| <input type="checkbox"/> Fundraising                         |   |
| <input type="checkbox"/> Yearbook                            | Other _____   |

### Temple School Schedule

- Temple School begins before the High Holidays this year, on Sunday, September 7 with a Temple-wide picnic at DelaVeaga Park, and Wednesday, September 10 at Temple. Rabbi Shifra will host an informational tea for parents on Sunday, September 21 at the beginning of both sessions.
- Grades Kindergarten to 3 meet on Sundays.
- Grades 4 to 6 meet on both Sundays and Wednesdays.
- Grades 7 to 10 meet on Wednesday evenings.
- Our Family Learning sessions, where parents join their children in class, are marked on your Temple School calendar. Please save these dates.
- Special all-school Holiday programs run from 10:00 am to 12:00pm. You can find these dates on your Temple School Calendar.

### CLASS MEETING TIMES

	<u>Sunday</u>		<u>Wednesday</u>
	<i>Meeting time 1</i>	<i>or Meeting time 2</i>	
Grades K-2	9:30–11:30 am	_____	_____
Grades 3	9:30–11:30 am	10:30 am–12:30 pm	_____
Grades 4-5	9:30–11:30 am	10:30 am--12:30 pm	4:00–6:00 pm
Grade 6	9:30–11:30 am	_____	4:00–6:00 pm
Grades 7-10	_____	_____	7:00–9:00 pm

Siblings in Kindergarten through Grade 6 will always be assigned to the same Sunday meeting time. We use a variety of factors to determine other meeting time assignments. We often run into the problem that everyone wants to be in the 9:30 group because their friend is. We ask you in advance for your understanding in this case. Please remember that your child would only be separated from his or her friend for one of the hours of Temple School and that the purpose of this is to facilitate better learning. We will be filling classes and sessions on a first come, first served basis. We will do our best to honor either a meeting time preference OR placement with one friend.

Preferred Sunday session for the 2008-09 school year:  Meeting time 1  Meeting time 2  no preference

Reason for preference: \_\_\_\_\_

### 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.



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### 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 members \$595 non-mem		
Grades 1-3	\$ 595	x	\$
Grades 4-6	775	x	
Grade 7 + Bar/Bat Mitzvah Fees + Retreat Fees	2,018	x	
Grades 8-10—Hebrew High*	595	x	
Early bird discount—before July 15, 2008	- 75	one per family	—
Sibling discount per additional child—before August 1, 2008	- 25	x	—
<b>Total Temple School fees</b>			<b>\$</b>

\*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 (\$1243), 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 credit card.
- One payment by appreciated stock: Please call the Temple office before you initiate a sale, if you would like to pay by stock.

**If you choose one of the following options for your Temple School payment, but selected a 'One Payment' option for your Membership, we will add a \$30 Administrative Processing Fee.**

- Monthly payments by automatic deduction from a bank account. **The attached ACH form must be completed each year for this payment plan and must be turned in with the form.**
- Semi-annual credit card payments: first payment now and second payment automatically taken on December 15.
- Quarterly credit card payments: first payment now, subsequent payments automatically taken on September 15, December 15 and March 15.

I authorize Temple Beth El to charge my credit card (Visa or MasterCard).

Name on Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (must have an expiration date after 4/09 for quarterly payments)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Temple School Refund Policy:** If you are considering withdrawal from Temple School, we request that you discuss your decision with Rabbi Shifra. 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 is 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 emergency information up-to-date.**

**Please complete ALL information that has changed from last year.**

**Child(ren)'s name(s)** \_\_\_\_\_

**My Child(ren)'s Emergency Information has NOT changed from last year.** \_\_\_\_\_  
Initials

#### Parent(s) cell phone numbers

Name	Phone	Name	Phone
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#### 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 s/he his taking

**2** \_\_\_\_\_  
Child's name Allergies Medical conditions

\_\_\_\_\_ Medications s/he his taking

**3** \_\_\_\_\_  
Child's name Allergies Medical conditions

\_\_\_\_\_ Medications s/he his taking

**4** \_\_\_\_\_  
Child's name Allergies Medical conditions

\_\_\_\_\_ Medications s/he his taking



## Request for Financial Aid

### CONFIDENTIAL

Please note: While we do our best to assist families who need it, financial aid is not guaranteed. Financial aid never covers the cost of books and supplies (\$55) or the Bar/Bat Mitzvah fees (\$1243); please include payment for these fees with your Temple School registration form.

Parent(s) names \_\_\_\_\_

Phone \_\_\_\_\_

Number of children attending Temple School \_\_\_\_\_

Total Temple School tuition due (from Temple School registration form) \_\_\_\_\_

We are requesting financial aid in the amount of \$ \_\_\_\_\_ for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to  
 Temple Beth El  
 3055 Porter Gulch Road  
 Aptos, CA 95003**

**We will contact you regarding this request.**

**For office use only**

Application reviewed \_\_\_\_\_ Result \_\_\_\_\_

Contact date \_\_\_\_\_