



# Congregation Beth Shalom

14601 West Lincoln Road ♦ Oak Park, Michigan 48237 ♦ 248.547.7970  
 www.congbethshalom.org

## BETH SHALOM CENTER FOR JEWISH LEARNING 2010 – 2011 Registration Form

Member  Non-Member

### STUDENT INFORMATION

Student's Name .....

Hebrew Name .....

Date of Birth .....

Student's Address .....

Parent's Names .....

Home Phone: (        ) .....

Mother's cell (        ) .....

Father's cell: (        ) .....

Mother's e-mail: .....

Fathers e-mail .....

Religious School Grade Completed .....

Public School Name .....

Last Public School Grade Completed: .....

Emergency Contact & Phone: .....

### ALLERGIES & LEARNING DISABILITIES -- Please check all that apply:

ADHD  Learning  Reading  Medication  Allergies  Food  Medicine

Please explain: .....

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Grade	Days And Times	Members	Non-Member
		Annual Rate	Annual Rate
Kindergarten	Sundays 9am – 12pm	\$250	
Grades 1, 2	Sundays 9am – 12pm	\$630	\$ 900
Enrichment	Wednesdays 4pm-6pm	\$500	\$500
Grades 3, 4, 5	Wed 4pm - 6pm & Sun 9am - 12:00pm	\$1080	\$1565
Grade 6	Sundays 9am – 12pm and Wed 4pm – 6pm	\$1315	\$1875
Grade 7	Mon 6pm - 8pm and Wed 4pm – 6pm	\$1315	\$1875
Grades 8-12	Mondays 6pm – 8pm	\$695	\$750

TOTAL TUITION DUE.....\$ \_\_\_\_\_

### 2<sup>ND</sup> PARTY PAYMENTS WILL BE TAKEN CARE OF BY (NAME, RELATION & ADDRESS):

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**I / WE UNDERSTAND THE TERMS OF ENROLLMENT AS THE FOLLOWING:**

- Any outstanding balance from the previous school year must be paid before the 2010-2011 school registration can be processed.
- To apply for tuition assistance, please contact the Executive Director, **Steven Weiss, at (248) 547-7970 ext 200.**
- Registration due tuition is paid in full and the registration form and non-refundable deposit check have been submitted.
- **A \$50 deposit per child is due by Wednesday, May 12, 2010.**

**Tuition must be paid according to the following schedule: (Please check one)**

- Option 1: Pay in full by October 15 and receive 5% discount**
- Option 2: Three equal payments due October 1, January 1 and April 1**
- Option 3: 7 equal monthly payments automatically charged to Master Card or Visa or post-dated checks.**

**Refund Policy:** Refunds or credits will not be issued for absence or withdrawal from school. This includes post Bar/Bat Mitzvah students.

**I/WE HEREBY ENROLL MY/OUR CHILD(REN) IN THE CONGREGATION BETH SHALOM RELIGIOUS SCHOOL AND AGREE TO ABIDE BY THE STANDARDS SET FORTH BY THE SCHOOL BOARD COMMITTEE.**

**PARENTAL CONSENT FORM 2010 - 2011**

**Health Insurance information .....**

This consent is provided to Beth Shalom Center for Jewish Learning of Oak Park, Michigan.

1. My child has my permission to attend and participate in the scheduled activities of the Religious School and Youth Department.
2. You are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any emergency medication, medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances if you are not able to contact me for instruction. There are no exceptions or limitations, or other special instructions in connection with the foregoing unless this box [ ] is checked with an explanation attached to this form.
3. Unless this box  is checked and I have provided you with the specific instructions, directions or other specific data to the contrary on an attached page, you may assume that my child has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participate in scheduled activities.
4. I agree to indemnify and hold Congregation Beth Shalom and its personnel free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever in connection with the provision of medical care pursuant to paragraph 3.
5. I represent to you that I have sole, full and legal power and right to execute this authorization and that you will rely on my representatives.
6. If more than one person signs this authorization, all references to the singular shall include the plural, jointly and severally.
7. I authorize the use of my child's picture for release to newspapers and as Congregation Beth Shalom Religious School deems appropriate.

**I DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE ABOVE AUTHORIZATION FORM.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_