



CONGREGATION BETH TORAH YOUTH LEARNING CENTER REGISTRATION 2018-2019

FAMILY INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Cell: (_____) _____ Address: _____

Email: _____ Preferred Method of Contact: Phone/Text/Email/Mail

Parent/Guardian Name: _____ Relationship: _____

Cell: (_____) _____ Address: _____

Email: _____ Preferred Method of Contact: Phone/Text/Email/Mail

In case of divorce, how is custody legally mandated? _____

STUDENT INFORMATION

Student's Name	Student's Grade in 2018-2019	Student's Date of Birth	Name of Secular School	Student's Cell Phone	Student's Email Address

EMERGENCY CONTACT INFORMATION *(Other than guardians listed above)*

Contact Name	Cell Phone Number	Relationship

PICK-UP AUTHORIZATION *(Other than above guardians) – The following people are authorized for student(s) listed in this form to be released to:*

Name	Cell Phone Number	Relationship

MEDIA AUTHORIZATION: *Occasionally, pictures or videos are taken of our students which may appear in synagogue newsletters, websites, social media or other community communications. **Please initial below** your approval of your child's appearance in publicity photos.*

I/We Give Permission _____

I/We Do Not Give Permission _____



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PLEASE FILL OUT ONE SHEET PER CHILD SO THAT WE CAN BEST SUPPORT ALL OF OUR STUDENTS.

MEDICAL INFORMATION AND CONSENT TO TREAT 2018-2019

Student's Full Name _____ Date of Birth ____ / ____ / ____

Family Physician _____ Phone _____

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> Allergies: <input type="checkbox"/> Foods: <input type="checkbox"/> Medications: <input type="checkbox"/> Environmental:	<input type="checkbox"/> Illnesses:
<input type="checkbox"/> Learning Differences:	<input type="checkbox"/> Diagnosis:
<input type="checkbox"/> Impairments: <input type="checkbox"/> Speech – <input type="checkbox"/> Hearing – <input type="checkbox"/> Visual -	<input type="checkbox"/> Medications:
<input type="checkbox"/> Mental Health:	<input type="checkbox"/> Medications PRESENT at School:

How would you describe this student (socially and as a learner)?

Which learning styles best suit this student? (Check all that apply):

<input type="checkbox"/> Logical/Mathematical	<input type="checkbox"/> Linguistic (Verbal/Reading)
<input type="checkbox"/> Musical	<input type="checkbox"/> Bodily/Kinesthetic
<input type="checkbox"/> Visual/Spatial	

This student learns best by... (Check all that apply):

<input type="checkbox"/> Seeing	<input type="checkbox"/> Listening
<input type="checkbox"/> Doing	<input type="checkbox"/> Reading

What is this student's general attitude toward learning?

Does your student have any of the following? (Check all that apply):

<input type="checkbox"/> IEP (Individualized Education Plan)	<input type="checkbox"/> Behavior Plan	<input type="checkbox"/> No, but we are working to develop one or more of these
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> None of the Above	

I/We, the undersigned, have legal custody of the student named above, a minor, and have given consent to Beth Torah Congregational Learning Center staff during the 2018-2019 school year. In case of a medical emergency, I/We understand that every effort will be made to contact the parent or guardian. In the event that I/We cannot be reached, I/We hereby authorize and consent to my child to be transported to the nearest medical facility in addition to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any licensed medical personnel on the staff of a licensed hospital. I/We assume financial responsibility for any and all treatment rendered under these circumstances. I/We agree to indemnify and to hold Congregation Beth Torah harmless from any and all claims for medical expenses or treatment arising from attendance at the Beth Torah Congregational Learning Center or activities.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

DATE RECEIVED: _____

BOOKKEEPING: _____



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2018-2019 TUITION

Student Name(s) and Grade(s):

Name	Grade	Name	Grade
Name	Grade	Name	Grade

To ensure your family’s spot in the upcoming school year, a Tuition Deposit of \$125 for the first student and \$25 for each additional student in same household is due by May 6th. This deposit must be paid in full and accompany the enrollment forms. This deposit is non-refundable and non-transferrable. After May 6th, the Tuition Deposit is \$150 per student/\$50 each additional student.

Select Tuition Deposit Payment Option	
<input type="checkbox"/> By Check (Attached)	
<input type="checkbox"/> By Credit Card	Name on Credit Card: _____ CC#: _____ CVV: _____ Exp: /

Grade	Number of Students	Tuition Balance (after deposit paid in full)	Total
Pre-K		\$851*	
Kindergarten		\$851*	
1 st Grade		\$851*	
2 nd Grade		\$851*	
3 rd Grade (Includes Consecration Fee)		\$1232**	
4 th Grade		\$1187**	
5 th Grade		\$1187**	
6 th Grade		\$1187**	
7 th Grade (Full Year-4 Modules)		\$637**	
7 th Grade (1 Module; Additional Modules @ \$150)		\$287**	
8 th ,9 th ,11 th ,12 th Grade DeReKH Community High		\$695**	
10 th Grade DeReKH Community High/Confirmation (Includes Confirmation Fee)		\$795**	
Total Tuition Balance Due =			
*Includes cost of tuition, classroom materials, ISJL fee, security fee			
** Includes cost of tuition, classroom materials, ISJL fee, security fee, youth programming fee			

Tuition Balance Payment Options (Please Circle One):

- a) Pay entire cost of tuition by August 26, 2018 by mailing payment to CLC (check, money order).
- b) Tuition Balance to be paid by credit card. Contact Bookkeeper at bookkeeper@congregationbethtorah.org
- c) Set up payment plan with CBT Treasurer. Contact Treasurer at treasurer@congregationbethtorah.org.

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