

**Beth El-The Beaches Religious School**  
**Registration Form**  
**Fees & Tuition 2016-17 School Year**

**Early Registration Deadline for Discounted Payment is June 15, 2016**

All student families must be Synagogue members in *good standing* for the year (Includes one-time non-member status).

*Good standing* means a membership application for Year 2016-17 on file, dues commitment on file, dues payments remain current and/or paid in full on or before years end. Note: Special financial arrangements are considered on an annual basis by the Treasurer and remain confidential.

**All school fees must be paid in full by January 1, 2017**

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Membership Name \_\_\_\_\_

Child's Name and Grade \_\_\_\_\_

Child's Name and Grade \_\_\_\_\_

Child's Name and Grade \_\_\_\_\_

<input type="checkbox"/> <b>Registration Fee</b>	<b>\$ 225.00 (Before June 15, 2016 \$ 125.00)</b>	<b>Amount Due \$</b> _____
<input type="checkbox"/> <b>Tuition</b> includes books and supplies	<b>Number of Children</b> _____	
\$695.00 per student (5% sibling discount or \$660 for each additional student)		
<input type="checkbox"/> <b>1 Child \$ 695.00</b>	<b>2 Children \$ 1,355</b>	<b>3 Children \$ 2,015</b>
<input type="checkbox"/> <b>Non-Member Tuition:</b>	<b>\$ 1,295.00 for one student (with prior approval)</b>	<b>Amount Due \$</b> _____
PreK-2 <sup>nd</sup> grade option; one-time only per student and family for "trial" year. After "trial" year students' family must become members.		
<input type="checkbox"/> <b>B'nai Mitzvah Tuition:</b>	<b>\$900.00 per student.</b>	<b>Number of Students</b> _____
		<b>Amount Due \$</b> _____
(Note: B'nai Mitzvah fees are in addition to regular Tuition fee) **\$100.00 minimum deposit required to hold date chosen.		
** Paid in full 12 months before ceremony date.		
<input type="checkbox"/> <b>8<sup>th</sup>/9<sup>th</sup> Grade Tuition:</b>	<b>\$325.00 per student.</b>	<b>Number of Students</b> _____
<input type="checkbox"/> <b>Confirmation Class – Grade 10/11</b>	<b>\$ 250.00 per student</b>	<b>Number of Students</b> _____
		<b>Amount Due \$</b> _____
<b>TOTAL SCHOOL FEES DUE:</b>		<b>\$</b> _____
<input type="checkbox"/> <b>Please complete (1) Enrollment sheet per Family and (1) Medical Release per student.</b>		
Administrator's verification of Amount Due _____		

**School Payments Require Current Beth El Membership. Please indicate your Membership Status below:**

- ☐ **Renewal of Annual Synagogue Membership, Fiscal Year 2016-17 (July 1, 2016-June 30, 2017), Date Submitted** \_\_\_\_\_, 2016
- ☐ **New Membership Application Attached** \_\_\_\_\_ **or Date Application Submitted** \_\_\_\_\_, 2016

**Payment Options:**

- \_\_\_\_\_ In Full by August 1, 2016
- \_\_\_\_\_ 50% by August 1, 2016 and 50% by January 1, 2017
- \_\_\_\_\_ 34% by August 1, 2016, 33% by October 1, 2016, final 33% by January 1, 2017

I choose the following payment method: Cash \_\_\_\_\_ Check # \_\_\_\_\_ PayPal \_\_\_\_\_ Credit Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Visa or MasterCard (circle one) Card # \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name as it Appears on Card: \_\_\_\_\_

I hereby authorize Beth El-The Beaches Synagogue to charge the credit card specified above according to the payment schedule indicated above.

Credit Card Authorization Signature: \_\_\_\_\_ Date \_\_\_\_\_

*I hereby agree to pay my child's tuition as specified above. If tuition is not paid in full by January 1, 2017, I understand my child may be excluded from attending Beth El-The Beaches Religious School. Should legal collection become necessary, I agree to pay all reasonable attorneys, court, and other costs incurred in collection of such fees. I further understand that Religious School payments are separate from and in addition to membership dues payments.*

☐ **Signature of Person Responsible for Payments:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:** Synagogue Member Renewal FY16-17: commitment pending \_\_\_\_\_ or commitment received \_\_\_\_\_

New Synagogue Member FY16-17: commitment pending \_\_\_\_\_ or commitment received \_\_\_\_\_ Non-Member Status Approved \_\_\_\_\_

School Payment Received \$ \_\_\_\_\_ Allocation of School Payments:

Registration \$ _____	Tuition \$ _____	Non-Member _____	B'nai Mitzvah Tuition \$ _____
Confirmation \$ _____	Original and two copies: Education/Finance/Office		



Beth El The Beaches Synagogue  
Medical Release/Emergency Information

**Please Print (All information must be complete before child may attend class)**

Childs Name \_\_\_\_\_ Sex (circle one) M F  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religious School Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Address Same? \_\_\_\_ If Different \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Address Same? \_\_\_\_ If Different \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Child's Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Regularly Taken medication \_\_\_\_\_

It is understood that my child \_\_\_\_\_, is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program.

I hereby authorize the school administrator or agents of Beth El's Sunday School to make available to my child, \_\_\_\_\_, professional medical care, if such care is needed. It is understood that a conscientious effort will be made to notify me, my spouse, or designated emergency contact before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. I give my permission for my child to receive proper medical treatment by any doctor, nurse, paramedic or hospital medical staff licensed by the State of Florida.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Emergency Contact # 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_





**A REFORM CONGREGATION**

**Religious School Calendar**  
**Meets on Sundays from 9:00 AM to 12:00 PM**  
**Opening Day – August 21, 2016**

August:  
21, 28

September:  
\*, 11, 18, 25

October:  
\*, 9, 16, 23, 30

November:  
6, \*, 20, \*

December:  
4, 11, \*, \*

January:  
\*, 8, \*, 22, 29

February:  
5, 12, \*, 26

March:  
5, \*, \*, 26

April:  
2, 9, \*, 23, 30

May:  
7

Teacher Meetings: August 14<sup>th</sup> at 10:00 AM  
October 30<sup>th</sup> after Religious School  
March 5<sup>th</sup> after Religious School  
May 7<sup>th</sup> after Religious School

Madrichim Meetings: August 14<sup>th</sup> at 10:00 AM  
October 30<sup>th</sup> at 9:00 AM  
April 30<sup>th</sup> at 9:00 AM

Denotes an 8<sup>th</sup>/9<sup>th</sup> Class Meeting

\*Denotes a "no school" day

9-4 ..... Labor Day Weekend  
10-2 ..... Erev Rosh Hashanah  
11-13 ..... Veterans' Day Weekend  
11-27 ..... Thanksgiving Weekend  
12-18 to 01-01 ..... Winter Break  
1-15 ..... Martin Luther King, Jr. Day  
2-19 ..... Presidents' Day  
3-12 and 3-19 ..... Spring Break  
4-16 ..... Student/Teacher Holiday

## Schedule of Events

Sunday, August 21 <sup>st</sup>	Religious School Orientation
Friday, September 16 <sup>th</sup> at 5:30 PM	Family Shabbat
Monday, October 3 <sup>rd</sup>	Rosh Hashanah (4 <sup>th</sup> grade and under are to attend the Youth Service in the Social Hall)
Wednesday, October 12 <sup>th</sup>	Yom Kippur (4 <sup>th</sup> grade and under are to attend the Youth Service in the Social Hall)
Sunday, October 16 <sup>th</sup> at 12:30 PM	Pizza in the Sukkah
Sunday, October 23 <sup>rd</sup> at 9:30 AM	B'nai Mitzvah Meeting (6 <sup>th</sup> & 7 <sup>th</sup> Grade Parents)
Friday, October 28 <sup>th</sup> at 7:00 PM	Kindergarten Consecration/Simchat Torah
Friday, December 9 <sup>th</sup>	Congregational Hanukkah Dinner (Sponsored by the Religious School)
Sunday, December 11 <sup>th</sup>	School Hanukkah Celebration (during Religious School)
Sunday, January 29 <sup>th</sup>	Spaghetti Dinner and Bingo Night
Sunday, February 12 <sup>th</sup>	Mitzvah Day
Sunday, March 5 <sup>th</sup>	School Purim Celebration
Sunday, April 9 <sup>th</sup>	School Passover Celebration (during Religious School)
Friday, May 5 <sup>th</sup> at 5:30 PM	Family Shabbat
Friday, June 2 <sup>nd</sup> at 7:00 PM	Confirmation

School Phone Number ..... (904) 273-9100

Emergency Phone Number ..... (904) 514-5649

### Early Sign-out Procedure:

In the event you need to pick up your child early, kindly come to the front lobby of the synagogue to sign out your child. We will bring your child to you.

For safety reasons, please **do not** attempt to pick up your child directly from the classroom.

Please refrain from texting or calling your child during school hours.

If you need to get a message to your child, feel free to call the school and we will deliver the message.

Please have your child dress appropriately. For example, no spaghetti straps without a covering, no flip flops for safety reasons, no inappropriate t-shirts.

Thank you for following these procedures.



During the year, at synagogue events, we hope to take lots of pictures, many of which we may wish to post Beth El website, Facebook page, or other media outlets (such as the Jacksonville Jewish News) to publicize our activities and enable us all to enjoy and remember these events. These postings will contain pictures only, without any identifying names. We recognize, however, that some parents may choose not to have their children's pictures on our website, and we wish to respect that sense of privacy. To help us, please fill out the following permission form, so that we will be advised of your choice.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

to Beth El- The Beaches Synagogue to post pictures of myself and my children on the Beth El website, Facebook page, or other relevant places.

Name of child/children \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

