

Grade/Class _____
Date Received _____

Congregation Kol Shofar Beit Binah Registration Form for 4th - 7th Grades 2010-2011



Please return no later than July 15, 2010

Please complete a separate registration form for each child you are registering in Beit Binah.

Date _____ New Student Returning Student

Student's Name _____ Hebrew Name _____

Birth date _____ Sex M ___ F ___ Name of Regular School _____

Grade in Fall _____

Address _____ City _____ ZIP _____

Parent 1 Name _____ Parent 2 Name _____

Telephone: Home # _____ Parent 1 Work # _____ Parent 2 Work # _____

Cell Phone _____ Parent Email(s) _____

If this child has two households, please furnish the following information. Would you like school material sent or emailed to both addresses? Yes No

Name & Relationship _____ Name & Relationship _____

Address _____ City _____ ZIP _____

Telephone: Home # _____ Work # _____ Work # _____

Cell Phone _____ Parent Email(s) _____

Siblings in Beit Binah or Tichon? Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Person other than parent to contact in case of an emergency

Name/Relationship _____ Phone (____) _____

Pager: _____ Cell Phone _____ Email _____

Physician's Name _____ Phone (____) _____

Please describe medical conditions, allergies, learning, or classroom needs of which we should be aware:

Medical Consent/Field Trip Permission. - I the undersigned, authorize Congregation Kol Shofar to call a physician or seek emergency room treatment as necessary for my child in case of any emergency and agree to pay all expenses incurred. I also permit my child to attend all planned trips arranged by Beit Binah, Tichon, Kadima, USY, or Congregation Kol Shofar and release Kol Shofar, its officers, agents, and employees from any and all liability arising out of my child's participation in such activity. (This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.)

_____ Parent Signature _____ Date

Please select one of the following options:

I would like to be a room parent.

I would be able to volunteer for special programs and activities.

Tuition includes Kadima (youth group) membership fees.

The actual cost of educating your child is \$300 MORE than what we are charging in tuition. Please consider a donation if you are able. Your donation allows us to help those families who are currently experiencing economic challenges. Thank You.

Day	Grade	If Using a Credit Card	Cash/Check/Bank Draft
Sunday/Wednesday	<input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	\$1295	\$1255 _____
Sunday/Wednesday	<input type="checkbox"/> 6 th	\$1350.....	\$1310 _____
Sunday/Wednesday	<input type="checkbox"/> 7 th - B'nei Mitzvah Program	\$1400	\$1360 _____
			Donation _____
			TOTAL _____

Beit Binah Fees are non-refundable.

Over Please

Behavior Policy

We expect all students to engage in appropriate behavior at all times. This includes behaving with respect towards fellow students and teachers; treating the synagogue and school building with reverence; and refraining from causing any type of disturbances. Students who disrupt class or cause problems within the *Beit Binah* community will be subject to disciplinary consequences including meetings with their parents and the Rabbis. If need be, they will be asked to leave the *Beit Binah* program.

Students are not allowed to smoke on synagogue and school property and the staff will confiscate all smoking materials. Vandalism of the building and grounds or any acts of violence will absolutely not be tolerated. We also have a zero-tolerance policy regarding the use or possession of any kind of alcohol, drugs or weapons on synagogue and school property. Anyone found with drugs or weapons will be removed from *Beit Binah* immediately.

Additionally, leaving class and wandering around without permission is unacceptable. Students are always welcome to sit with friends in appropriate areas with proper supervision.

Because the synagogue is responsible for the safety and welfare of the students at all times, anyone who plans on leaving Beit Binah early must inform the teacher and the Director of Education.

I have read and agree to the Beit Binah Behavior Policy

Student Signature

Parent Signature

*Occasionally photos of your student might be included on our web site or other Kol Shofar/Beit Binah printed publications. Images will never include any name or other identifying information. If you do **NOT** want us to publish in print, electronic, or video format the likeness or image of your child, please sign in the space below.*

Parent/Guardian Signature

Kadima/USY Field Trip Information

Transportation: (Please initial all that apply.)

- You may call me to help drive when necessary. I can fit ____ kids in my car. _____
- If necessary to get to an event, I give permission for my child(ren) to be driven by USY students with a legal driver's license. _____
- If necessary to get to an event, I do not give permission for my child(ren) to be driven by USY students with a legal driver's license. _____

Medical Insurer and Policy #: _____

BILLING INFORMATION – You must check one of the following:

- Full payment is enclosed in the amount of _____
- Please charge my credit card*. I am enclosing a completed Credit Card Authorization Form.
- Please charge my bank draft. I am enclosing a completed Bank Draft Authorization Form.
- I am enclosing a completed Reduced Financial Request form for my Beit Binah tuition.
All reduced financial requests will be reviewed for approval.

* American Express, Visa, and MasterCard only.