

Grade/Class _____
Date Received _____

**Congregation Kol Shofar**  
**Beit Binah Registration Form for Pre-K – 3<sup>rd</sup> 2009-2010**



**Please return no later than June 30, 2009**

*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, 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.)*

\_\_\_\_\_ Date

Parent Signature

**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.

**Over Please**

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

<b>BEIT BINAH</b> Day	Grade	Actual Cost of Tuition	Subsidized Tuition	TOTAL
Sunday	<input type="checkbox"/> Pre-K* <input type="checkbox"/> K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<b>\$1020</b>	<b>\$720</b>	_____
Sunday/Wednesday	<input type="checkbox"/> 3 <sup>rd</sup>	<b>\$1520</b>	<b>\$1220</b>	_____

\*In order to have a viable Pre-K class, we need to have at least 6 children registered.

**TOTAL AMOUNT REMITTED FOR THIS CHILD** \_\_\_\_\_

**Beit Binah Fees are non-refundable.**

### 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

### **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.  
**A 3% administrative fee will be assessed and applied to your account for each credit card transaction.**
- 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 by the Finance Committee.**

\* Visa and MasterCard only.