



*TBC Religious School  
Administrative Office  
5571 N. University Drive  
Suite 101*

*Coral Springs, FL 33067  
Office (954) 346-5030*

*[school@templebethchai.com](mailto:school@templebethchai.com)*

*Phyllis Lasky,*

*Education Director*

*[plasky@templebethchai.com](mailto:plasky@templebethchai.com)*

*Cell (954) 232-4657*

**TBC RELIGIOUS SCHOOL**  
**2018-2019 Registration Form**

**Student Information**

**Student #1**

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Secular school attending: \_\_\_\_\_ Grade in 2018-2019 \_\_\_\_\_

Birthdate: \_\_\_\_\_ Child's email address: \_\_\_\_\_

Previous Jewish Education: \_\_\_\_\_

**Medical information:** Any allergies and/or medical conditions that we should be aware of:  
\_\_\_\_\_

**Student #2**

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Secular school attending: \_\_\_\_\_ Grade in 2018-2019 \_\_\_\_\_

Birthdate: \_\_\_\_\_ Child's email address: \_\_\_\_\_

Previous Jewish Education: \_\_\_\_\_

**Medical information:** Any allergies and/or medical conditions that we should be aware of:  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

\_\_\_\_\_



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### **Family Information**

#### **Parents:**

**Father's** first name: \_\_\_\_\_ **Father's** last name: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Religious background: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Mother's** first name: \_\_\_\_\_ **Mother's** last name: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Religious background: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

#### **Emergency Contact Information:**

#1 Name (first, last) \_\_\_\_\_

Phone numbers: \_\_\_\_\_

#2 Name (first, last) \_\_\_\_\_

Phone numbers: \_\_\_\_\_

#3 Name (first, last) \_\_\_\_\_

Phone numbers: \_\_\_\_\_



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**MEDICAL INFORMATION AND RELEASE FORM**

Your child will NOT be registered until this form is completed and submitted with the school Registration Form. Thank you for your cooperation. This information will be kept strictly confidential and used only in emergency situations. Understanding your child's medical, physical, or psychological needs will help our staff secure your child's safety, well-being, and productivity in the classroom. Please indicate the applicable conditions below, and elaborate as needed:

Student's Name (Please Print): \_\_\_\_\_

Grade: \_\_\_\_\_

Please list current medication with dosage your child is taking:

\_\_\_\_\_

	Medical Concern	Med. Dosage		Medical Concern	Med. Dosage
<input type="checkbox"/>	ADD		<input type="checkbox"/>	ADHD	
<input type="checkbox"/>	Asthma		<input type="checkbox"/>	Learning Disabled	
<input type="checkbox"/>	Perceptual Problems		<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Epilepsy		<input type="checkbox"/>	Hearing Loss	
<input type="checkbox"/>	Visual Problems		<input type="checkbox"/>	Speech Problems	
<input type="checkbox"/>	Emotional Disturbances		<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	Other (specify)		<input type="checkbox"/>	Other (specify)	

Is there any other information you would like to share with us to help us provide your child with the most rewarding educational experience (Please Print)?

\_\_\_\_\_

\*\*\*In the event of an emergency, surgical or otherwise, if I cannot be reached I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Temple Beth Chai to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child.

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parents):**

NAME (Please Print): \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP (Please Print): \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN (emergency only): \_\_\_\_\_

TELEPHONE NUMBER OF CHILD'S PHYSICIAN (emergency only): \_\_\_\_\_

INSURANCE CARRIER NAME (Please Print): \_\_\_\_\_

INSURANCE POLICY #: \_\_\_\_\_



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### **ACKNOWLEDGEMENT**

The Temple Beth Chai Education Handbook lists the rules for students in our **Religious School for the 2018/2019 School Year.**

Your initials and/or signature below indicate that you have been made aware of all items and have received a copy of these rules.

Return a signed copy of this acknowledgement page with your child's Registration Form.

If you have already registered, please submit this completed page as soon as possible.

Thank you.

### **INITIAL ON FOUR LINES BELOW**

           Pg. 2 Cancellation Fees

           Pg. 3 Conduct & Behavior

           Pg. 6 Shabbat Attendance

           Pg. 7 Intermediate Division  
                  Hebrew Skills

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Grade in 2018/19**

\_\_\_\_\_  
**Parent/Guardian Name (printed)**

\_\_\_\_\_  
**Parent/Guardian Name (Signature)**



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### **Location/Day/Times**

#### **Religious School Sessions are held on Sunday mornings**

##### **Dance Theatre**

**Heron Bay Publix Shopping Center**

**5952 Coral Ridge Drive**

**Coral Springs, FL**

**FIRST SESSION (3<sup>rd</sup> Grade & 4<sup>th</sup> Grade)**

**Classes are held from 9:00 AM – 10:30 AM**

**SECOND SESSION (5<sup>th</sup> Grade & 6<sup>th</sup> Grade)**

**Classes are held from 10:45 AM – 12:30 PM**

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**For our children's safety,  
the front doors will be locked at 9:10 AM and 10:55 AM  
and re-open 10 minutes prior to the end of each session.**



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### **Registration Fee/Tuition**

#### **Registration Fee: (non-refundable, must accompany registration form – charged each school year)**

\$ 125.00 1<sup>st</sup> student

\$ 75.00 2<sup>nd</sup> & 3<sup>rd</sup> student(s)

(Yearly tuition is based on a nine (9) month school year, August through May.)

Tuition includes supplies and all books.

- Take advantage of our “Early Bird Discount” if paid in full by **June 4, 2018**

○ 1 <sup>st</sup> Student	<b>\$1005.00 Total</b> (\$880.00 tuition + \$125.00 registration fee)
○ 2 <sup>nd</sup> Student	<b>\$ 915.00 Total</b> (\$840.00 tuition + \$ 75.00 registration fee)
○ 3 <sup>rd</sup> Student	<b>\$ 915.00 Total</b> (\$840.00 tuition + \$ 75.00 registration fee)

**(If paid after June 4, 2018, the below payment schedule applies)**

**All tuition must be paid in full by 8/17/18**

- **Yearly Tuition:**
- **\$1045.00** First student (Includes \$920.00 tuition + \$125.00 reg. fee)
- **\$ 935.00** Second & Third student(s) (Includes \$860.00 tuition + \$75.00 reg. fee)

- **Quarterly payment schedule below**

#### **Quarterly Payment Arrangements (Aug., Nov., Jan., & March payments)**

**\$255.00** Per Quarter/First Student

**\$235.00** Per Quarter/Second & Third Student(s)

**Quarterly payments may be charged automatically to a credit card on file/or you may choose to be invoiced fifteen (15) days prior to the due date.**

**Please indicate your preference and complete the Credit Card Authorization Form, if needed.(Page 8)**



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**Payment Information**

**Registration Fee/Payment Information:**

Check / Visa / MasterCard (circle one) (we do not accept American Express or Discover)

Make check payable to **Temple Beth Chai**

Amt. enclosed/charged (check all that apply) \$125.00 \_\_\_\_\_ \$75.00 \_\_\_\_\_

\_\_\_\_\_ Check / \_\_\_\_\_ Visa / \_\_\_\_\_ MasterCard

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

**Contribution Fee/Payment Information (for full or quarterly payment)**

Check / Visa / MasterCard (circle one) (we do not accept American Express or Discover)

Make check payable to **Temple Beth Chai**

Amt. enclosed/ charged (indicate amount to be charged) \$ \_\_\_\_\_

\_\_\_\_\_ Check / \_\_\_\_\_ Visa / \_\_\_\_\_ MasterCard

Credit Card Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code (from back of card) \_\_\_\_\_

**Photo Release (Please Check Below)**

I give my permission to Temple Beth Chai to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting TBC and its programs.

In the event that my cash/check is not received by the 10<sup>th</sup> of the month in which it is due, a charge will be processed on my credit card in the amount of the payment due. This will process automatically without additional notification. This charge will not be reversed for any reason. \_\_\_\_\_ Initial

Student(s) Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Name on Credit Card

Billing Address

City, State, Zip

Credit Card #

Expiration Date

**I authorize Temple Beth Chai to charge my credit card for the amount billed for Religious School as selected.**

Signature:

X

Date: