



TBC Religious School
Administrative Office
5571 N. University Drive
Suite 101
Coral Springs, FL 33067
Office (954) 346-5030
school@templebethchai.com
Phyllis Lasky,
Education Director
plasky@templebethchai.com
Cell (954) 232-4657

TBC RELIGIOUS SCHOOL
2019-2020 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 2019-2020 _____
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 2019-2020 _____
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 2019/2020 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 2019/20

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 (3rd Grade & 4th Grade)

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

SECOND SESSION (5th Grade & 6th 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 1st student

\$ 75.00 2nd & 3rd student(s)

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

Tuition includes supplies and all books.

- **Yearly Tuition:** (Must be paid in full by 8/5/19)
- **\$1105.00** First student (Includes \$980.00 tuition + \$125.00 reg. fee)
- **\$ 995.00** Second & Third student(s) (Includes \$920.00 tuition + \$75.00 reg. fee)

- **Quarterly payment schedule below**

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

\$270.00 Per Quarter/First Student

\$250.00 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: _____

Tuition 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 10th 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: