

**CONGREGATION BETH SHALOM**  
706 Bryan Road, Brandon, Florida 33511

**Religious School Registration**  
**2018-19/ 5778-79**

**Please return completed forms with payment by August 12, 2018.**

**STUDENT INFORMATION**

*(Please type or print clearly)*

Child #1:					
	Last Name	First	Hebrew Name	Date of Birth	Public School Grade
Please indicate any special medical and/or learning needs					
Child #2:					
	Last Name	First	Hebrew Name	Date of Birth	Public School Grade
Please indicate any special medical and/or learning needs					
Child #3:					
	Last Name	First	Hebrew Name	Date of Birth	Public School Grade
Please indicate any special medical and/or learning needs					
Child #4:					
	Last Name	First	Hebrew Name	Date of Birth	Public School Grade
Please indicate any special medical and/or learning needs					

*\*Children's Hebrew names are requested. If your child does not have one, we can assist you with giving them one.  
A special Shabbat service will be held to honor those receiving Naming Certificate.*

**PARENT/GUARDIAN INFORMATION**

Adult #1					
	Last Name	First	Address	City	Zip
	Home Phone		Cell Phone	E-Mail Address	
Adult #2					
	Last Name	First	Address	City	Zip
	Home Phone		Cell Phone	E-Mail Address	
Emergency contact other than parent/guardian: _____					
	Name		Relationship	Phone Number	

**SERVICE COMMITMENT**

The success of your child's Religious School experience depends on the quality of our programs and the services parents provide. Each family is asked to commit to a minimum of 2 programs to make your child's experience a success. Please see the separate Volunteer Sign Up Form (available @ Open House and on August 12th) to sign up for the 2 programs in which you can assist.

Your help is also appreciated in other areas of the operation of the Religious School. Select **all** with which you can assist:  
 Substitute Teacher       Other \_\_\_\_\_

Please indicate any skills or talents you have that could share with the students: \_\_\_\_\_  
 \_\_\_\_\_

## Religious School Registration 2018-19 / 5778-79

### PARENT/GUARDIAN AGREEMENT & RELEASE FORM

*Please initial each statement below indicating that you have read & understand the policies.*

- \_\_\_\_\_ I understand that my contact information will be included in a class roster, which will be distributed to the homeroom parent and/or class and teachers, *unless* I specifically request otherwise in writing before October 1.
- \_\_\_\_\_ I understand that photographs of my child(ren) may be used in school information or displays, and/or in congregational publications, including Congregation Beth Shalom's website, or in print, at the discretion of the religious school staff and the CBS Board of Directors. Congregation Beth Shalom will NOT publish any child's name or any identifying information.
- \_\_\_\_\_ I have read the Congregation Beth Shalom Religious School Discipline Policy as outlined in the Religious School Parent Handbook.
- \_\_\_\_\_ I accept responsibility for any replacement costs or damage fees for any materials borrowed from the Congregation Beth Shalom Religious School library. All books must be returned by the last day of Religious School for that school year or I will assume responsibility for the replacement cost.
- \_\_\_\_\_ In the event of an emergency and I cannot be reached, I give permission for my child(ren): *(list names & DOB)*
- \_\_\_\_\_
- \_\_\_\_\_

to be transported to the nearest medical facility and specifically authorize the representative of Congregation Beth Shalom of Brandon to select a physician and/or authorize medical treatment, including hospitalization, x-ray, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child(ren). Further, I understand that all efforts will be made to contact me prior to treatment.

In the event that I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Congregation Beth Shalom will be the secondary coverage.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### TUITION AGREEMENT

**Tuition must be paid in full on or before August 31, 2018.**  
**Families can meet with the Treasurer and set up an easy monthly payment plan on or before August 31, 2018.**  
 Tuition may be paid by check, PayPal, Visa, or MasterCard.  
**\$25 discount if paid prior to first day of school.**

GRADE	MEMBER TUITION*
Grades K, 1	\$125
Grades 2-7	\$325
Confirmation, Grades 8, 9, 10	\$225

Calculate Amount Due

Number of Children @ \$125		\$	
Number of Children @ \$325		\$	
Number of Children @ \$225		\$	
I wish to support the operation of the Religious School with a donation of		\$	
<b>Total Amount Due</b>		<b>\$</b>	

I understand the payment option selected constitutes an agreement as to the amount by which I will pay Religious School tuition for my child/children.

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