

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

**Confirmation Registration**  
**2020-2021/ 5780-5781**

Please return completed forms with payment by October 1, 2020.

**STUDENT INFORMATION**

*(Please type or print clearly)*

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

**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

## Confirmation Registration 2020-2021/ 5780-5781

### 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 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 October 1, 2020.**  
**Families can meet with the Treasurer and set up an easy monthly payment plan on or before October 1, 2020.**  
 Tuition may be paid by check, PayPal, Visa, or MasterCard.

GRADE	MEMBER TUITION*
<b>Confirmation, Grades 8, 9, 10</b>	Waived, but there may be a charge for materials.

Calculate Amount Due

Number of Children		\$0.00
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 \_\_\_\_\_