

CONGREGATION BETH SHALOM
706 Bryan Road, Brandon, Florida 33511

Religious School Registration



STUDENT INFORMATION

(Please print clearly)

Child #1:

Last Name	First	Hebrew Name	Date of Birth	Public School Grade
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Please indicate any special medical and/or learning needs

Child #2:

Last Name	First	Hebrew Name	Date of Birth	Public School Grade
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Please indicate any special medical and/or learning needs

Child #3:

Last Name	First	Hebrew Name	Date of Birth	Public School Grade
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Please indicate any special medical and/or learning needs

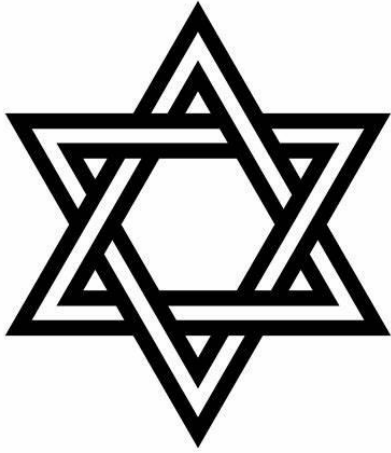
Child #4:

Last Name	First	Hebrew Name	Date of Birth	Public School Grade
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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

Religious School Registration

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 the start of religious school.

_____ 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 I will be responsible for payment for all the dental, medical, or hospital care or treatment that is given to my child. Congregation Beth Shalom of Brandon will not be responsible for payment for any dental, medical or hospital care of other treatment that is given to my child.

Signature of Parent/Guardian _____

Date _____

Print Name _____

Home Phone _____

Address _____

Cell Phone _____

TUITION AGREEMENT

The tuition covers the entire school year. It must be paid in full on or before the start of religious school. Families need to be a member of CBS to register their children.

Families can meet with the Treasurer and set up an easy monthly payment plan.

Tuition may be paid by check, PayPal, or credit card.

GRADE	MEMBER TUITION*
Grades K, 1	\$300
Grades 2-7	\$425
Confirmation, Grades 8, 9, 10	\$325

Calculate Amount Due

Number of Children @ \$300		\$
Number of Children @ \$425		\$
Number of Children @ \$325		\$
I wish to support the operation of the Religious School with a donation of		\$
Total Amount Due		\$

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

Signature _____

Date _____

