

Temple Beth Torah

5700 NW 94 Avenue, Tamarac, FL 33351
 Religious School Registration 2010-2011
 Ava Phillips 954-721-7660 ext. 125

1. Complete the attached registration form and return it to the synagogue office with a 50% deposit per child by May 15th. **Pay the balance in full by September 15, 2010 and receive a \$25.00 discount. ALL TUITION IS DUE IN FULL BY OCTOBER 31, 2010. Deposit is non-refundable.**
2. Temple Beth Torah policy requires that school families must be members in good standing with all dues, building fund and other financial obligations current at time of registration. Bar/Bat Mitzvah families must fulfill **ALL** financial obligations, including complete remainder of building fund, 90 days prior to Bar/Bat Mitzvah.
3. All students becoming Bar/Bat Mitzvah in 2010/2011 must be enrolled in the Temple Beth Torah Religious School or a Day School. Bar/Bat Mitzvah students are expected to complete the entire school year, regardless when he/she is called to the Bima. No refunds will be given for partial year attendance.
4. Schoolbooks will be distributed during the first week of school. Books are the property of the Temple. Lost or damaged books must be paid for by the student before new ones are issued.
5. Tuition includes the activity and special program fee.
6. There is a \$50 Registration Fee per family.
7. Second and subsequent children are entitled to a \$50.00 sibling discount in tuition.

2010-2011 Tuition Schedule

See Paragraph #1 for Discount Opportunities

	Member	Non Member	
K and 1st Grade	\$440	\$515	Sunday School
2nd Grade	\$440	\$515	Sunday School
Aleph	\$785	Must Be Member	Sun/Tues
Bet	\$910	Must Be Member	Sunday/Tuesday
Gimel	\$910	Must Be Member	Sunday/Tuesday
Daled	\$910	Must Be Member	Tues/Sat/Sun
Hey	\$960	Must Be Member	Tuesday/Saturday
**B'Darkeinu I & II	\$3,100	2 yr. Program and Kiddush	Tuesday/Sunday

** Payable \$300 down and for the next four months, then \$100 a month for 16 months.

All fees may be charged to your Discover, Visa, Mastercard or American Express.
 As a convenience, monthly credit card payments can be arranged.

I have and read, understand and agree to the financial conditions discussed above.

 Signature

 Date

 Relationship to student

Temple Beth Torah
 5700 NW 94 Avenue – Tamarac, FL 33351
 Religious School Registration - 2010/2011
 954-721-7660 – www.tbtonline.org
 Please fill out one form per student.

Student's Full Name _____ Male _____ Female _____

Address _____

Street _____ City _____ Zip Code _____

Secular School Name _____ Grade as of Sept. 2010 _____

Hebrew Name _____ D.O.B. _____ R/S Grade _____

Names and Ages of Siblings _____

Mother's Name _____ Home # _____ - _____ - _____ Cell# _____ - _____ - _____

Work # _____ - _____ - _____ ext _____ Email _____

Father's Name _____ Home # _____ - _____ - _____ Cell# _____ - _____ - _____

Work# _____ - _____ - _____ ext _____ Email _____

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____ Student Lives With _____

Does this student have any learning disabilities or physical/emotional needs we should be aware of?

List any medications your child is taking and explain:

List any additional information you would like to share with the teacher about your child.

Please list two emergency contacts:

1. Name _____ Relationship _____ Phone# _____ - _____ - _____

2. Name _____ Relationship _____ Phone# _____ - _____ - _____

Note: To qualify for registration, all 2010 dues and building fund, as well as all prior obligations must be paid in full.

I, the undersigned, hereby agree to abide by all terms stated below. I understand that class placement of child is left to the discretion of the Education Director, even though I might make certain requests. I agree to pay all tuition fees promptly to Temple Beth Torah according to their policies. In the event of an emergency and I cannot be reached, I give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Temple Beth Torah 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. Further, I understand that payment for all medical treatment shall be my responsibility.

_____ I will pay monthly by check or cash. (Balance to be paid in full by 10/31/10)

_____ Bill my credit card the 1st of each month equal installments with balance paid by 10/31/10

Card # _____ Exp. Date _____ Amount _____ # of Months _____

Signature of Parent or Guardian _____ Relationship _____

Check this box if you would like to register your child for our award winning youth program. To qualify for the special Hebrew School Student discounted rate, payment must accompany Hebrew School tuition.

Please circle appropriate group.

Grades K-1
SOCIALITES
 \$136.00

Grades 2-5
PRE-KADIMA
 \$50.00/\$65.00

Grades 6-8
KADIMA
 \$50.00

Office Use Only

Tuition _____ Registration Fee _____ Other _____ Total _____ Bookkeeper App. _____

Date Received _____ Received By _____ Cash \ CC \ Check# _____ Amount \$ _____