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Beth El Hebrew Congregation Religious School

STUDENT PROFILE 2015-16

Student Information

Name: _____ Nickname: _____

RS Grade 2015-16: _____ Date of Birth: _____

Classmate Requests: 1. _____ 2. _____

FOR 5th Grade & up (Optional):

Student Cell Phone #: _____

Student Email Address: _____

Family Information

Home Address: _____

Home Phone: _____

Parent #1:

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____ Would you like to receive RS Emails? Y N

Parent #2:

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____ Would you like to receive RS Emails? Y N

NOTE: If parents are divorced or separated, please contact the Religious School office for a Shared Custody Form. You can reach the Office at 703-370-6644 or lnaide@bethelhebrew.org.

Academic and Personal Information

Does your child have an IEP/504 Plan or other learning accommodations in secular school? If "yes," please provide a copy of any written plan and/or contact the Religious School to discuss how we can provide the best learning environment for your student. Y N

Are there any personal or family issues that may affect your student's learning? If so, please describe:

Medical Information

Name of Physician: _____

Phone Number: _____

Health Insurance Company: _____

Policy/Military ID Number: _____

Group Number: _____

Allergies (Food and Medicine) or medical conditions:

Current medications: list those that medical personnel should be aware of in case of an emergency

List up to two emergency contacts (other than parents listed in profile)

<u>Name</u>	<u>Relation</u>	<u>Home Phone</u>	<u>Mobile Phone</u>	<u>May Pick Up Student</u>
_____				Yes _____
_____				Yes _____

Consent Form

By our signature(s), we agree to the policies and procedures of the Beth El Religious School Consent Form, below.

Signed: _____

Beth El Religious School Parent Consent Form

Custodial Arrangements – If there are any court orders that affect parental rights for your child or custodial arrangements that affect the child’s attendance, please request a Shared Custody form from the Religious School office at Inaide@bethelhebrew.org .

Field Trips - My child has permission to participate in field trips sponsored by Beth El Religious School. I understand that students will travel by transportation provided by Beth El or by private automobile and will be accompanied by Beth El staff and/or parents. NOTE: Parents will always be notified in advance of all field trips. Overnight trips will require separate permission releases.

Medical Release – In the event of a medical emergency, I authorize Beth El Hebrew Congregation to administer first aid and/or transport my child to a physician or a hospital and/or call for emergency services and consent for emergency medical treatment for my child if a parent, guardian, or emergency contact cannot be reached.

Photo Release – Beth El Religious School has permission to use pictures of my child to document and publicize Religious School activities in print, on the Beth El website, in emails and on social media. I understand that photos circulated outside of Beth El will not identify children by name. I understand that individual parents are allowed to photograph classroom and special activities for their personal use.

Attendance: Beth El Religious School is not only a place to learn about Judaism and to study the Hebrew language – it is also a community. Building a strengthening social bonds and connections among our students and families is a primary goal of our School. It is therefore essential that children attend on a regular basis.

**** If you have questions about the Consent Form or do not want to grant consent, please contact the Religious School Office at 703-370-6644 or Inaide@bethelhebrew.org.**

TUITION & FEE FORM ACADEMIC YEAR 2015-16 BETH EL HEBREW CONGREGATION RELIGIOUS SCHOOL

Grade level	Child's Name (First and Last)	BREAKDOWN OF COSTS			TOTAL DUE		PAYMENT	
		Tuition (by credit card/by check)	**Fees	BOOKS	Total if Paid by Credit Card	Total if Paid by Cash or Check	First payment July 15, 2015	Balance due August 15, 2015
K-Member		\$530 / \$514	\$ 10.00	\$ 14.00	\$554.00	\$538.00	\$	\$
K-Non Member		\$928	\$ 10.00		\$952.00	\$952.00	\$	\$
1-Member		\$530 / \$514	\$ 10.00	\$ 34.00	\$574.00	\$558.00	\$	\$
1-Non Member		\$928	\$ 10.00		\$972.00	\$972.00	\$	\$
2-Member		\$530 / \$514	\$ 10.00	\$ 52.00	\$592.00	\$576.00	\$	\$
2-Non Member		\$928	\$ 10.00		\$990.00	\$990.00	\$	\$
3		\$530 / \$514	\$ 10.00	\$ 37.00	\$ 577.00	\$561.00	\$	\$
4		\$611 / \$593	\$ 10.00	\$ 75.00	\$696.00	\$678.00	\$	\$
5		\$611 / \$593	\$ 10.00	\$ 48.00	\$669.00	\$651.00	\$	\$
6		\$611 / \$593	\$ 10.00	\$ 39.00	\$660.00	\$642.00	\$	\$
7		\$586 / \$568 \$565 / \$550 **	\$ 10.00	\$ 9.00	\$1,170.00	\$1,137.00	\$	\$
8		\$525 / \$509	\$ 10.00		\$ 535.00	\$ 519.00	\$	\$
9		\$525 / \$509	\$ 10.00		\$ 535.00	\$ 519.00	\$	\$
10		\$525 / \$509 \$310 / \$300**	\$ 10.00		\$ 845.00	\$ 819.00	\$	\$
11/12 Post Con		\$25/\$25	\$ -		\$25.75	\$25.00		

* All Grades: Materials fee ** Grade 7: Bar/Bat Mitzvah fee by credit card or check/cash *** Grade 10: Confirmation fee by credit card or check/cash

The tuition at each grade level increases by \$50 for registrations received after July 31.

YOU MAY PAY FOR TUITION AND FEES IN TWO PAYMENTS: ONE HALF MAY BE PAID BY JULY 31, 2015 WITH THE BALANCE DUE BY AUGUST 15 OR ONE PAYMENT IN FULL NO LATER THAN AUGUST 15TH.

NOTE: Unless special arrangements are made in advance, all school fees are due before your student may attend class; they may not be added to your regular Temple Dues. Temple dues must be current and registration materials and payment received before your child will be registered. Make your check payable to: **Beth El Hebrew Congregation.**

Check here if you are NOT a current or former member of Beth El Hebrew Congregation

If you need tuition assistance, contact Moshe Teichman, Executive Director. If you wish to make arrangements for an alternate payment timetable, contact Becky McMurry, Comptroller. Call the administrative office at (703) 370-9400.

If you are a non-member paying by credit card, please provide the following information:

Name on Credit Card: _____ Name(s) of Child(ren) Enrolling: _____

Type of Card (circle): Visa MC Amex

Credit Card Number: _____ Expiration Date: ____/____

Payment #1 by July 31, 2015: \$ _____ Payment #2 by August 15, 2015: \$ _____

Signature: _____