

**TEMPLE BETH SHALOM FAMILY TORAH SCHOOL  
STUDENT REGISTRATION FORM**

**Student 1**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_ / \_\_\_ / \_\_\_  
School Grade 08-09 \_\_\_\_  
Religious School Grade  
08/09 \_\_\_\_

**Student 2**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_ / \_\_\_ / \_\_\_  
School Grade 08-09 \_\_\_\_  
Religious School Grade  
08/09 \_\_\_\_

**Student 3**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_ / \_\_\_ / \_\_\_  
School Grade 08-09 \_\_\_\_  
Religious School Grade  
08/09 \_\_\_\_

**MOTHER'S INFORMATION**

FULL NAME \_\_\_\_\_ JEWISH Y/N HEBREW NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL \_\_\_\_\_  
DID YOU HAVE A BAT MITZVAH? Y/N WHAT WAS YOUR PORTION? \_\_\_\_\_

**FATHER'S INFORMATION**

FULL NAME \_\_\_\_\_ JEWISH Y/N HEBREW NAME \_\_\_\_\_  
ADDRESS (IF DIFFERENT) \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
DID YOU HAVE A BAR MITZVAH? Y/N WHAT WAS YOUR PORTION? \_\_\_\_\_

IF FATHER'S AND MOTHER'S ADDRESSES ARE DIFFERENT:

Where should information be sent:  
Mother \_\_\_ Father \_\_\_ Both \_\_\_

Who is the primary custodian?  
Mother \_\_\_ Father \_\_\_ Joint Custody \_\_\_

**SPOUSE/GUARDIAN(S) INFORMATION**

Full Name: \_\_\_\_\_ JEWISH Y/N HEBREW NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL \_\_\_\_\_  
DID YOU HAVE A BAT MITZVAH? Y/N WHAT WAS YOUR PORTION? \_\_\_\_\_

**Siblings Information**

NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ BIRTH DAY \_\_\_ / \_\_\_ / \_\_\_

**CONFIDENTIAL STUDENT INFORMATION: PLEASE CHECK ANY CONDITION EXPERIENCED BY YOUR CHILD. OUR KNOWLEDGE OF ISSUES IN THE AREAS LISTED BELOW AREAS WILL ENABLE THE SCHOOL TO BETTER MEET YOUR STUDENTS' NEEDS.**

**STUDENT 1**

**STUDENT 2**

**STUDENT 3**

NAME \_\_\_\_\_  
 VISION \_\_\_\_\_  
 HEARING \_\_\_\_\_  
 MEDICATIONS (PLEASE LIST) \_\_\_\_\_

NAME \_\_\_\_\_  
 VISION \_\_\_\_\_  
 HEARING \_\_\_\_\_  
 MEDICATIONS (PLEASE LIST) \_\_\_\_\_

NAME \_\_\_\_\_  
 VISION \_\_\_\_\_  
 HEARING \_\_\_\_\_  
 MEDICATIONS (PLEASE LIST) \_\_\_\_\_

ALLERGIES (PLEASE LIST) \_\_\_\_\_

ALLERGIES (PLEASE LIST) \_\_\_\_\_

ALLERGIES (PLEASE LIST) \_\_\_\_\_

SPECIAL NEEDS\*  
 CIRCLE ONE YES NO

SPECIAL NEEDS\*  
 CIRCLE ONE YES NO

SPECIAL NEEDS\*  
 CIRCLE ONE YES NO

**\*PLEASE NOTE THAT SPECIAL NEED INCLUDES: EDUCATIONAL, EMOTIONAL AND PHYSICAL SPECIAL NEEDS EITHER IDENTIFIED BY A PHYSICIAN, THERAPIST OR A SCHOOL. THIS INCLUDES ANY CHILD WITH AN IEP, 504, BEHAVIORAL OR OTHER EDUCATIONAL/PSYCHOLOGICAL EVALUATION. ADDITIONAL INFORMATION YOU WANT THE RELIGIOUS SCHOOL TO BE AWARE OF SO AS TO BETTER MEET YOUR CHILD'S NEEDS:** \_\_\_\_\_

**EMERGENCY INFORMATION**

If you cannot be reached in case of emergency, and your child needs immediate medical attention and the parent(s)/guardian(s) cannot be reached, we will refer to these two Non-Parent alternatives. *Please verify that they have ready means of transportation and give them emergency information (i.e., hospital, doctor, dentist).*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**MEDICAL RELEASE FOR:** \_\_\_\_\_

**Emergency Release:** If injury is serious and the parent cannot be contacted, do you wish your personal physician contacted? Yes \_\_\_ No \_\_\_ Name of physician \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Policy Holders Name \_\_\_\_\_

Should it be necessary for this child, a minor, to have emergency medical care, and the previously listed person(s) cannot be reached, (including physicians and dentists) permission is given to Temple Beth Shalom Family Torah School ("TBS FTS") staff, or their representative, to use their judgment to obtain such services for this child. These services may include: Transportation by Ambulance or other emergency vehicle, medical or surgical diagnosis or treatment, x-ray examination, anesthesia, and hospital care, which are deemed advisable by any physician or surgeon licensed to practice medicine in the State of California. I/we understand that any cost for such services are the family's responsibility.

Parent's/Guardian's Name (please print) \_\_\_\_\_

Parent's/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Yahrzeit Information

NAME	HEBREW NAME	DATE	RELATIONSHIP

### Physical Limitations

Does any member of your household have physical limitations? If yes which member? Does such limitation make it difficult or impossible for this member to participate in synagogue functions? Is there something the synagogue can do to make participation possible?

### I/We are interested in doing/learning about ( Circle all that apply)

- |                               |                                     |
|-------------------------------|-------------------------------------|
| CAR POOLING                   | HESED SOCIETY-CARE FOR THE BEREAVED |
| GENERAL VOLUNTEERING          | SHABBAT HOSPITALITY                 |
| LEARN OR USE SYNAGOGUE SKILLS | TORAH STUDY                         |
| FAMILY EDUCATION              | SISTERHOOD                          |
| ADULT EDUCATION               | YOUNG FAMILY PROGRAMS               |
| KERUV-OUTREACH                | YOUTH                               |

What is your favorite Jewish activity? \_\_\_\_\_

What is your favorite Jewish holiday? \_\_\_\_\_

Do you have any special skills? ex: marketing, web design, cooking, event coordination etc...

Please note that by submitting this application, you are agreeing that, as a TBS Member, you will abide by all TBS Rules and will honor all financial commitments, including dues payment that you make to TBS

Signature 1 \_\_\_\_\_  
Date

Signature 2 \_\_\_\_\_  
Date

**Temple Beth Shalom  
Family Torah School  
2008-2009 Fees and Tuition Information**

**TBS Education & Family Membership:** TBS recognizes the commitment each family is making to the Jewish Education of their child. To honor that commitment, TBS is partnering with our families to *include Synagogue membership for every family* that has enrolled in our program.

**Registration Fee (per Family)**

Due no later than first day of class attendance. **\$125**

**Temple Beth Shalom Tuition (Includes Synagogue Family Membership)**

Total Tuition is based on the oldest enrolled student.

*Ex: 1 kindergartner and 1 Third grader=\$1900 total tuition\**

<b>Grade</b>	<b>Tuition</b>
K (Sunday only + 7 Shavua Tov Shabbats*)	<b>\$1300</b>
1st and 2nd Grade (Sunday only + 7 Shavua Tov Shabbats*)	<b>\$1600</b>
3rd-8th Grade (Sunday & Tuesday + 7 Shavua Tov Shabbats*)	<b>\$1900</b>

\*Families will be participating together on the Shavua Tov Shabbat Afternoons

**Temple Beth Shalom  
Family Torah School  
Payment Form**

Parent Name(s) \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Per Family Registration \$125 = \$ \_\_\_\_\_

Grade K \$1300 = \$ \_\_\_\_\_

Grades 1&2 \$1600 = \$ \_\_\_\_\_

Grades 3-8th \$1900 = \$ \_\_\_\_\_

**Family Total = \$ \_\_\_\_\_**

*In order for TBS to offer this program, families agree to enroll in our Automatic Debit program or authorize a Credit Card to be billed monthly.*

\_\_\_\_ Please indicate payment method (make check payable to Temple Beth Shalom):

**Automatic Debit**  
(Please see attached form)

**Credit Card**

**Check**

*Credit Card Authorization: (\*Note: all credit card charges are subject to 2.5% surcharge unless paying in full) TBS may Charge my Visa® or MasterCard®*

**In Full**

**Quarterly**

**Monthly**

Visa / MasterCard # \_\_\_\_\_ Expires \_\_\_\_\_

Name on Card \_\_\_\_\_

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

<p><b>NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECIEVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b></p>
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# Ach Authorization Agreement (Electronic Funds Transfer)

I (we) hereby authorize Temple Beth Shalom, hereinafter

CALLED **COMPANY**, TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING ACCOUNT  SAVINGS ACCOUNT   
(SELECT ONE) INDICATE BELOW AT THE DEPOSITORY FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED  
**DEPOSITORY**, AND TO DEBIT THE SAME TO SUCH ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF  
**ACH** TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

## PAYMENT INFORMATION

AMOUNT OF PAYMENT \_\_\_\_\_

DATE OF MONTHLY PAYMENT \_\_\_\_\_

## BANK INFORMATION

NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING  
NUMBER \_\_\_\_\_

ACCOUNT  
NUMBER \_\_\_\_\_

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY** HAS RECEIVED WRITTEN  
NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD  
**COMPANY** AND **DEPOSITORY** A REASONABLE OPPORTUNITY TO ACT ON IT.

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECIEVER MAY REVOKE THE AUTHORIZATION  
ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Temple Beth Shalom  
Family Torah School**

***Field Trip Waiver/Release***

I/we give permission for this child to participate in all field trips sponsored by Temple Beth Shalom Community Torah School and will not hold Temple Beth Shalom responsible for any accident or injury which may occur on these trips. In addition, I/we relieve any and all liability to any driver and/or drivers who chauffeur such events.

This agreement will remain in effect as long as my/our child is enrolled in TBS FTS.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**TEMPLE BETH SHALOM 562/624-6413  
3635 ELM AVENUE LONG BEACH, CA 90807**