

Temple Beth Shalom Religious School
Lower School (Grades K-7)
Registration 2020-2021 / 5781

ONE CHILD PER FORM: PLEASE PRINT ALL INFORMATION CLEARLY

Student's Name: _____
First Last Birth Date

School: _____ Grade in 2020-2021: _____

Student's Hebrew Name: _____ Gender: _____

Parent #1

Address

City Zip

Cell Phone: (____) _____

Email: _____

Parent #2

Address (if different)

City Zip

Cell Phone: (____) _____

Email: _____

If parents are divorced or separated, with whom does child reside? () Both () Mother () Father () Other _____

Do you want emails / mailings from the Religious School to be sent to both parents? () Yes () No

Siblings: Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Emergency Contacts: 1) _____ Phone: _____

2) _____ Phone: _____

Special learning / medical needs (or any other information we should have concerning your child):

1. If I cannot be reached in an emergency, I authorize TBS to seek medical attention for my child.
2. My child has permission to participate in all class field trips. I will be notified in advance of all trips.
3. My child has permission to leave school with: _____.
4. TBS has my permission to publish photographs taken of my child for use in publications or on website. My child will not be identified by name. I understand we will not receive financial compensation for such publicity.

Signature of Parent or Guardian: _____ Date: _____

.....PLEASE CONTINUE ON REVERSE>>.....



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Name of Student: _____ Grade: _____

Person(s) responsible for tuition payment: _____

Relationship to student: _____

Contact info (if not on previous page): _____

GRADE	CLASS TIMES	FEES	AMOUNT DUE
K – 3	Sundays 10:00-11:30	\$600	
4 – 7	Sundays 10:00-11:30 Wednesdays 4:30-5:30	\$700	
		TOTAL DUE:	
		Amount enclosed:	
		BALANCE:	

PLEASE CHECK ONE: [Note: No child will be turned away for financial reasons]

- ☐ Payment in full enclosed
☐ Deposit enclosed (MINIMUM \$100). Balance due SEPTEMBER 1
☐ Deposit enclosed. ½ balance due SEPTEMBER 1; remainder due JANUARY 1
☐ Bill me monthly
☐ My child will require a scholarship. (Please complete Scholarship Application)

METHOD OF PAYMENT:

☐ Check # _____ Date: _____ Amount: _____

☐ Check # _____ Date: _____ Amount: _____

☐ Visa / Mastercard/Discover # _____

CCV# (on back): _____ Expiration date: _____ Amount: _____

NOTE: Religious School Tuition is non-refundable except in case of serious illness or family move.