

# C o n g r e g a t i o n   B e t h   I s r a e l - J u d e a

2007-2008 School Year

625 Brotherhood Way, San Francisco, CA 94132-2901

T: 415.586.8833 F: 415.586.9013 [www.bij.org](http://www.bij.org)

## R e l i g i o u s   S c h o o l   R e g i s t r a t i o n   F o r m

(For Synagogue Members Only)

Family name:			
Mother or guardian name		Father or guardian name	
Home address		Home address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell/pager		Cell/pager	
Email		Email <b>Teen email</b>	
If your children live with one parent, please specify if school mailings should be sent to one or both parents Please send mailings to:			

List names of all children entering grades K-10 for the 2006-2007 school year.

(1) \_\_\_\_\_  
 Name *Hebrew* Name Male/Female

\_\_\_\_\_  
 Age      Birthday      Grade      School

(2) \_\_\_\_\_  
 Name *Hebrew* Name Male/Female

\_\_\_\_\_  
 Age      Birthday      Grade      School

(3) \_\_\_\_\_  
 Name *Hebrew* Name Male/Female

\_\_\_\_\_  
 Age      Birthday      Grade      School

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## R e l i g i o u s   S c h o o l   R e g i s t r a t i o n   F o r m

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### Religious School Tuition & Payment Plan Form 2007 – 2008

*NOTE: Fees are not pro-rated and are not refundable after 30 days.*

Grade	Tuition before June 30	Tuition after June 30	Deposit requested by July 1, 2007
K, 1st, 2nd and 3rd	\$450	\$500	\$100
4th, 5th and 6th	\$580	\$650	\$200
7th, 8th, 9th and 10th	\$450	\$500	\$100
Confirmation Fee	\$250	\$350	
B'nai Mitzvah Fee for ceremonies scheduled 7/1/2007 to 6/30/2008	\$700	\$750	

<u>Name(s) of Child(ren)</u>	<u>Grade</u>	<u>Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Snack/Food Fee</b> (provides nutritional snack for all children)		\$25
<b>Bnai Mitzvah Fee</b> (if applicable)		_____
<b>Confirmation Fee</b> (if applicable).		_____
<b>Additional Contribution to the Religious School Fund</b>		_____
	<b>Total Enclosed</b>	_____
	<b>Total Outstanding</b>	_____

*We have a limited amount of scholarship money allocated for this school year. If you need a scholarship application, call Linda Park at the office at (415) 586-8833 ext 25 or [lindapark@bij.org](mailto:lindapark@bij.org).*

# Congregation Beth Israel - Judea

2007-2008 School Year

625 Brotherhood Way, San Francisco, CA 94132-2901

T: 415.586.8833 F: 415.586.9013 [www.bij.org](http://www.bij.org)

## Religious School Registration Form

(For Synagogue Members Only)

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### Parent Participation

We depend upon parent support for the following activities. **It is expected that you sign up for at least one volunteer opportunity below.** Your level of commitment will enable us to enrich our curriculum and your child's Religious School experience.

<input type="checkbox"/> Religious School Committee Member	<input type="checkbox"/> Room Parent
<input type="checkbox"/> Purim Carnival and Fund Raising Committee	<input type="checkbox"/> Parent Driver (for field trips)
<input type="checkbox"/> Assisting in the Education Office	<input type="checkbox"/> Phone tree volunteer

### Photo Release (please check one of the two options below)

Yes, my child's picture may be used in Temple brochures, newsletters and promotional material without compensation.

No, my child's photo may not be used in Temple brochures, newsletters and promotional material without compensation.

**Payment Agreement** – No refunds are available after 10/23/07. I intend to pay the balance of my Religious School fees (after deposit deducted) in this way (please circle one):

Monthly

Quarterly

Semi-Annually

In Full

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Religious School Emergency Information Form 2007-2008**

**Congregation Beth Israel-Judea**

**(Please complete one form for each child.)**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Child's Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Please list three people whom we may contact in the event of an emergency when you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Plan \_\_\_\_\_ ID # \_\_\_\_\_

Special Instructions \_\_\_\_\_

Please provide us with any additional information that we should know about your child, including medical questions and special educational needs (use back of this page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

In the event of any emergency affecting the health or welfare of our child and I/we cannot immediately be contacted, I/we authorize BIJ Religious School personnel to seek emergency medical care and agree to assume responsibility for the cost of this care. I/We agree to uphold matters of school policy pertaining to my/our child and notify the school office in writing of any changes in the information listed here. I/We, the parent(s) or guardian(s) of the child named above are member(s) in good standing at BIJ, **or** are participating in the one-year introductory program in grades K – 6.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_