



Please send a digital photo of your child to bprybylek@gmail.com

<input type="checkbox"/> New Student	<input type="checkbox"/> Gan – Kitah Gimel (Sunday only)
<input type="checkbox"/> Returning Student	<input type="checkbox"/> Kitot Daled – Vav (Sunday, Thursday)
	<input type="checkbox"/> Kitot Zayin – Chet (Monday)

Student Name: _____
(Last, First, Middle)

Phone Number: _____

Hebrew Name: _____ Grade Entering in Fall: _____

Address: _____ City/Zip: _____

Public/Private School: _____ Date of Birth: _____

Parent Name: _____ Parent Name: _____

Occupation: _____ Occupation: _____

Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Parent E-mail: _____

Fax #:

It is important for both parents to be involved in their child's Jewish education. In instances where parents no longer live together, we will send information regarding classes to both parents. Please complete the following if different from above:

Home Address: _____ Home Address: _____

City/Zip: City/Zip:

Phone: _____ Phone: _____

<u>Names of Siblings</u>	<u>Birthdate</u>	<u>Grade '18-'19</u>	<u>Name of Public/Private School</u>

- ☐ I would be interested in talking with Ira about being a substitute teacher.
- ☐ There has been a change in our family situation since last year.
- ☐ I am interested in serving on the Religious School Committee. **Please call me.**
- ☐ I am interested in being a Room Parent. **Please call me.**
- ☐ I do not wish my child's address & phone number to be distributed to schoolmates.
- ☐ I do not want photos of my child published on the Temple web site or in newspapers.

(Note: students will not be identified individually in any photos.)

Over, please

MEDICAL EMERGENCY PERMISSION STATEMENT

Permission Agreement

I hereby grant permission for the B'nai Israel Education Center staff to take whatever steps may be necessary to obtain emergency medical care, if warranted, for _____

(Student's name)

Signed: _____ Date: _____

Name of Insurance Company: _____

Membership/Policy Number: _____

Emergency Contact: _____ Phone Number: _____

(A local person **other** than a parent)

Relationship to student: _____ Cell Phone: _____

Doctor's Name: _____ Phone Number: _____

I certify that immunizations for my child _____ are up to date according to the State of Connecticut Department of Public Health immunization requirements for enrolled students in Connecticut schools. *If your child has a medical exemption please call us at 203-366-1858 and we will forward you an exemption form to you.*

Tuition for the 2018-2019 School Year		
Kitah (Grade)	Full Tuition	**Early Bird/New Student Discount
Gan – Kitah Gimel (K – 3 rd)	\$625.00	\$575.00
Kitot Daled – Vav (4 th – 6 th)	\$740.00	\$690.00
Kitot Zayin – Chet (7 th – 8 th)	\$625.00	\$575.00

Note: There is a \$100.00 discount for the 3rd, 4th and 5th child enrolled in Gan – Kitah Chet this year.

**To receive the early bird discount, you must return this form with your tuition payment

no later than June 30, 2018

Please note that Temple policy requires that Religious School tuition be paid in full or payment plan in place prior to first class session. To set up a payment plan, we require either post-dated checks totaling the full amount of tuition as follows: 1/3 now, 1/3 November 3 and 1/3 February 2.

Merkaz (High School 9th -12th) registration is ongoing.
Please call (203) 450-5303 or go to Merkazct.org **today** for more information.

For Office Use Only

Rec'd _____
Amt Due: _____
Amt. Rec'd _____
Check #: _____
C. Code: _____