

 **CONGREGATION BETH SHOLOM**
2016-2017 SHABBAT SCHOOL REGISTRATION

Family Name: _____

Address: _____

Home Phone: _____

Student #1: _____

Date of Birth: _____ Age in September: _____

School: _____

Grade (2016-2017): _____ Shabbat School Grade (2016-2017): _____

Hebrew Name: _____

Student #2: _____

Date of Birth: _____ Age in September: _____

School: _____

Grade (2016-2017): _____ Shabbat School Grade (2016-2017): _____

Hebrew Name: _____

Parent/Guardian A: _____ Parent/Guardian B: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

If one of the parents/guardians has a different address/phone from the child(ren), please indicate below.

Address: _____

Phone: _____

Mail should be sent to A B Both

Calls should be made to A B Both



CONGREGATION BETH SHOLOM
2016-2017 SHABBAT SCHOOL REGISTRATION

STUDENT INFORMATION

Please list any medical problems, allergies, food restrictions, hearing/visual problems, chronic illnesses, etc. for your child(ren) that we should be aware of.

We offer a special education program. Does your child have any learning challenges? If so, how are their needs addressed in their daily secular school?

If your child(ren) is/are new to Beth Shalom's Shabbat School, please list any previous religious education.

 **CONGREGATION BETH SHOLOM**
2016-2017 SHABBAT SCHOOL REGISTRATION

EMERGENCY INFORMATION IF PARENT IS UNREACHABLE

Emergency Contact A: _____ Relationship: _____

Phone Number: _____

Emergency Contact B: _____ Relationship: _____

Phone Number: _____

Physician: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

MEDICAL CONSENT AND FIELD TRIP PERMISSION

- I, the undersigned, authorize Congregation Beth Sholom to call a physician or seek emergency room treatment as necessary for my child(ren) in case of any emergency, and agree to pay all expenses incurred.
- I also permit my child(ren) to attend all planned trips arranged by the Beth Sholom Shabbat School, and release Congregation Beth Sholom, its officers, agents, and employees from any and all liability arising out of my child's participation in such activity. (This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California.)

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

 **CONGREGATION BETH SHOLOM**
2016-2017 SHABBAT SCHOOL REGISTRATION

ROOM PARENTS

1. Meet and get to know the parents in your child's class.
2. Coordinate and gather class gifts for the teachers twice a year (at Hanukkah and at the end of the year).
3. Organize the delivery of meals for a family that is going through a life transition such as the birth of a new child or the death of a family member.
4. Plan a few non-school-time outings each year with your whole class.
5. Plan and organize a "Staff Appreciation Day" in conjunction with other Room Parents.

WOULD YOU LIKE TO BE ROOM PARENT?

Parent/Guardian A

Parent/Guardian B

Both

INFORMATION, PROMOTION, AND MARKETING RELEASE

- I do do not authorize the school to include our contact information in a school directory.
- I do do not give permission to Congregation Beth Sholom (CBS) to use my name, image, child(s) name, child(s) image, and statements for promotional and marketing materials, such as CBS video presentation, CBS newsletter, CBS fundraising materials, inclusion on CBS website, CBS annual report, CBS brochures, news releases, CBS publicity in third-party media outlets, etc. Please be apprised that such promotional and marketing materials may be reproduced in consecutive years.

Parent/Guardian Signature: _____

Date: _____

Print Parent/Guardian Name: _____

 **CONGREGATION BETH SHOLOM**
2016-2017 SHABBAT SCHOOL REGISTRATION

FAMILY NAME: _____

REGISTRATION FEES

CBS synagogue membership is required for enrollment.

The registration fee shown reflects a substantial subsidy provided to each student by the congregation to help support Jewish educational programming for our members' children.

If your family is in a financial position to do so, we encourage you to consider making a donation in addition to your registration fee. Additional contributions help to support our program and scholarships.

No family will be turned away from synagogue membership or enrolling in Shabbat School or *B'nai Mitzvah* programs due to financial hardship. If you would like to discuss financial assistance, please contact Rebecca Goodman at rgoodman@bethsholomsf.org.

<input type="checkbox"/> Kindergarten and First Grade Saturday, 9 a.m. – 12 p.m.	\$975
<input type="checkbox"/> 2 nd – 6 th Grade Thursday, 4 p.m. – 6 p.m. and Saturday 9 a.m. – 12 p.m.	\$1330
<input type="checkbox"/> 7 th Grade/B'nai Mitzvah Saturday, 9 am - 12 pm + Individual Tutoring	\$1850

Tuition Total: _____

PAYMENT INFORMATION

PAYMENT SCHEDULE

Full amount now Three payments (September 2016, November 2016, & February 2017)

METHOD OF PAYMENT

Check enclosed Automated Check Handling (see reverse side)

Credit/Debit Card A **3% Processing Fee will be added to all credit/debit card payments.**

Name on card _____ Signature _____

Visa/MasterCard/Discover Card _____ Exp. Date _____ CCV# _____


CONGREGATION BETH SHOLOM
 2016-2017 SHABBAT SCHOOL REGISTRATION

ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

RECURRING PAYMENTS WILL MAKE YOUR LIFE EASIER:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

HERE'S HOW RECURRING PAYMENTS WORK:

You authorize regularly scheduled charges to your checking or savings account. Each billing period, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from Congregation Beth Sholom (CBS).

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____ authorize Congregation Beth Sholom, SF, to charge my bank account indicated below on the September 5, 2016 and November 5, 2016 for payment of my child's/children's 2016-17 Shabbat School Registration Fees.

CBS Account Name: _____

Billing Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Account _____ Bank Name _____ Account Number _____ Bank Routing # _____ Bank City/State _____	 <p style="font-size: small; margin: 0;"> YOUR NAME 1234 Main Street Anywhere, OH 00000 DATE _____ 123 PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS ⑆044072324⑆ ⑆00123456789⑆ ⑆123⑆ ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER </p>
---	---

SIGNATURE _____ **DATE** _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Congregation Beth Sholom, SF, in writing of any changes in my account information. I understand that no refunds will be provided after services have been performed as part of the agreement and termination of ACH scheduled debits will require that final payment be made in full. If the above-noted periodic payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above-noted periodic transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that Congregation Beth Sholom, SF, may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

PLEASE ATTACH A VOIDED CHECK