



**Congregation Beth Israel Ner Tamid School of Jewish Studies  
2019-2020/5779-5780 Registration Form**

**Student Information**

Name (Nickname)	Hebrew Name	Grade in Fall	Birthday	School	Child's e-mail/ cell number
1.					
2.					
3.					
4.					

Student(s) live with:  Both Parents  Mother  Father  Other \_\_\_\_\_

**Parent/Guardian #1 Information**

**Parent/Guardian #2 Information**

Name:	Name:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail

**Who should receive school correspondence?**

Guardian/Parent #1  Guardian/Parent #2  Both  Other \_\_\_\_\_

**In case of last minute school cancellation, what is the best phone number/e-mail to contact you?**

Sunday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

**EMERGENCY CONTACTS**

If neither parent can be reached during school hours, we will attempt to contact one of the people indicated below. The following individuals are also authorized to pick up your children:

<b>Name #1 (Different than above)</b>		<b>Name #2 (Different than above)</b>	
Relationship to child		Relationship to child	
Phone Number		Phone Number	



**Congregation Beth Israel Ner Tamid School of Jewish Studies  
2019-2020/5779-5780 Release Form**

**FIELD TRIP PERMISSION**

My child (ren) has/have permission to attend field trip(s) with his/her class and to take transportation arranged by Congregation Beth Israel Ner Tamid School of Jewish Studies for the purpose of attending these programs. Transportation may include walking, charter bus, school bus, van or car driven by a classmate's parent or teacher.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHY PERMISSION**

Congregation Beth Israel Ner Tamid School of Jewish Studies has permission to photograph my child (ren) and has permission to use and/or display these images and names for school or Synagogue purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2019-2020/5779-5780 School Payment Information

Student (s) Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

## Tuition/Fees:

Grade:	Day/Week	Tuition/Fees for CBINT Members	Tuition/Fees for Non-CBINT Members	# Children Enrolled	Tuition Amount	Total
K3-1	1	0	\$490.00			
2-7	2	0	\$725.00			
8-12	1	0	\$490.00			
Sunday Snack fee for K3-1 <sup>st</sup> grade & 8 <sup>th</sup> -12 <sup>th</sup> grade		\$36	\$36			
Sunday & Tuesday Snack fee for 2 <sup>nd</sup> -7 <sup>th</sup> grade		\$72	\$72			
<b>Tuition only covers a small portion of the actual per-student cost of our school.</b> The rest is subsidized by the synagogue and school fundraising efforts. If you are able to make an additional contribution to help offset the cost please indicate the amount here. Todah (Thank you).						
<b>Grand Total</b>						

Please select a payment option and **sign the form at the bottom** regardless of the payment method you choose.

## Payment in Full

I would like pay my school tuition and/or fees in full by the following method:

- Cash/Check    
  One-Time Electronic Debit (Please complete your bank account information below.)  
 One-Time Credit Card Payment\* (Please complete your credit card information below.)

## Monthly Payments

Your total amount due will be divided by the number of monthly payments you choose **starting no later than September 1, 2019 with the last payment occurring no later than May 1, 2020 (maximum 10 monthly payments).** For the financial health of CBINT all account balances must be paid off by June 1, 2020.

a.) I would like to make \_\_\_\_\_ monthly payments starting \_\_\_\_\_ (date)

Cash/Check

b.) I authorize Congregation Beth Israel Ner Tamid to automatically charge my Mastercard, Visa or Discover for \_\_\_\_\_ monthly payments starting \_\_\_\_\_ (date). The payment amount will be run on my card within the first five (5) business days of the month.

Credit Card\* (Please complete your credit card information below.)

c.) I authorize Congregation Beth Israel Ner Tamid to automatically debit my bank account for \_\_\_\_\_ monthly payments starting \_\_\_\_\_ (date). The debit transaction will be made within the first five (5) business days of the month.

Electronic Debit from Bank Account\*\* (Please complete your bank account information below.)

\* Due to credit card fees, amounts charged in excess of \$750 will be assessed an additional 3% fee

\*\* Electronic debit transactions will be charged a \$1.00 fee per transaction to cover bank transaction costs

### Credit Card Information



(MasterCard, Visa or Discover)

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Three digit security code no longer required.

### Bank Account Information



Bank Routing Number (9 digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

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



## Congregation Beth Israel Ner Tamid School of Jewish Studies 2019-2020/5779-5780 Medical Release and Information

*Please complete one form for each child.*

MY CHILD, \_\_\_\_\_ has my permission to participate in the Congregation Beth Israel Ner Tamid School of Jewish Studies. In consideration of my child's acceptance as a school student, I hereby waive any and all claims against Congregation Beth Israel Ner Tamid, its agents and its employees that may arise out of any injury, loss or damage suffered by my child during any school activity.

I hereby authorize the Education Director, or person designated by the Education Director, to obtain emergency medical care for my child in the event such care is indicated. I give my permission for my child to receive emergency medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of Wisconsin. I understand that every effort will be made to notify a parent prior to treatment.

I certify that my child is in good physical health. S/he has my permission to participate in all activities that are part of the regular school program.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My child takes the following medications on a regular basis (please indicate dosage):

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INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

- My child has:
- Speech or hearing concerns
  - Vision concerns
  - Chronic health concerns (e.g. asthma, diabetes)
  - Other \_\_\_\_\_

Please elaborate \_\_\_\_\_

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## Congregation Beth Israel Ner Tamid School of Jewish Studies 2019-2020/5779-5780 Student Information

***Please complete one form for each child. This form will be shared with your child's teacher to help support your student in the classroom.***

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Describe your son or daughter in an academic/school setting and outside of the school.

Describe your child's strengths:

In addition, what strengths/positive attributes will s/he bring to the classroom?

How may we, the school help your son/daughter grow?

Are there any issues outside of the classroom that would affect your child? (Examples may include: family dynamics, religion, health, recent life events).

Does your child have an IEP (Individualized Education Program) or 504 Plan? Please submit documentation to the school office. We will keep this confidential.

Do you give permission to have our staff follow and/or speak with staff at your child's public school with regards to his/her learning needs?

If you answered yes to the above question, what disability does your son/daughter have (Examples Autism, EBD Emotional Behavioral Disability, ID Intellectual Disability, OHI, Other Health Impairment, SLD Significant Learning Disability, Speech & Language, etc.)

What else should we know about your child in order to support him/her in the classroom? (Examples: needs frequent breaks, receives one on one support at regular school)

## Congregation Beth Israel Ner Tamid School of Jewish Studies High School Program

### Areas of Study

8<sup>th</sup>/9<sup>th</sup> Grade: Ethics and Middot (Values). Explore ethics through a Jewish lens using Jewish text, real life and community service activities, Israel.

10<sup>th</sup> Grade: Bikkurim- Study with clergy in preparation for this Jewish milestone year.

11/12<sup>th</sup> Grade: Leadership Skills and Jewish Adulthood (i.e., standing up for Israel, defining a Jewish identity separate from parents, finding Jewish life on college campus)

### Special Optional (but encouraged) Program:

Madrichim Program: Teaching Assistants in the classrooms. Sundays, 9am-12pm and/or Tuesday's, 4:15-6:15pm.

My high school aged student is interested in the following:

- Madrichim Program
- None at this time