



Temple Beth El of South Orange County
Aron & Sala Samueli Religious School

"Shabbat Chai"
Registration
2011-2012

Shabbat Chai
Hebrew School
Kehillah—Teen Community

2011-12 Registration Forms



Aron & Sala Samueli Religious School

Temple Beth El of South Orange County
 2A Liberty, Aliso Viejo, CA 92656 • (949)362-3999 Fax: (949)362-5323

Registration Form 2011 - 2012

Please print all information clearly:

Child(ren)'s First and Last Names 1. 2. 3.	Date of Birth _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	Sex M _____ F _____ M _____ F _____ M _____ F _____
Parent/Guardian's Name	Parent/Guardian's name	Age as of July 2011 _____ July 2011 _____ July 2011 _____
Name of Public/Private School: 1. 2. 3.	Grade: 1. 2. 3.	

<input checked="" type="checkbox"/>	<i>Shabbat Chai</i>	Per Child	Tuition
<input type="checkbox"/>	<i>Shabbat Chai</i> Grades Pre K-2		\$535
<input type="checkbox"/>	<i>Shabbat Chai</i> Grades 3-7 with Monday Hebrew		\$785
<input type="checkbox"/>	<i>Shabbat Chai</i> Grades 4-6 with Tuesday Satellite Hebrew		\$785
<input type="checkbox"/>	8 th Grade (Tzedakah Board)		\$535
<input type="checkbox"/>	9 th & 10 th Grades: Confirmation Class		\$965
<input type="checkbox"/>	11 th & 12 th Grades: Post Confirmation		\$370

	Additional Programs	Fee per Child
<input type="checkbox"/>	Grades 6-7 BEMSY Junior Youth Group	\$36
<input type="checkbox"/>	Grades 8-12 BESTY Youth Group	\$54
<input type="checkbox"/>	Grades 8-12 Madrikhim Training Program	\$210



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COMPUTATION SHEET OF COSTS

FAMILY NAME: _____

Tuition Total for All Students Enrolled			\$
Options for payment of above tuition amount:		<i>Tuition Amount Being Paid Now</i>	
<input type="checkbox"/> I am paying 50% of tuition now and agree to pay the remaining tuition balance by December 1, 2011.			\$
<input type="checkbox"/> Please charge nine (9) monthly installments for the full tuition amount to my credit card on file the first day of each month from July 1, 2011 thru March 1, 2012.			\$
<input type="checkbox"/> I am paying 100% of tuition and fees by July 1, 2011 and am entitled to a 5% discount off the tuition amount. Total Tuition \$_____ Less 5% _____ =			\$
ADD the following fees if applicable: (100% OF FEES ARE DUE UPON REGISTRATION)			
Materials Fee	\$ 80 per student	\$	
BEMSY Youth Group (Grades 6-7)	\$ 36 per student	\$	
BESTY Youth Group (Grades 8-12)	\$ 54 per student	\$	
Madrikhim Program (Grades 8-12)	\$210 per student	\$	
Earthquake Kit Fee (For new students only)	\$ 20 per student	\$	
Earthquake Kit Replenishment Fee (For returning students only)	\$ 5 per student	\$	
Late Registration Fee (For forms received after 7/15/11) <i>This fee does not apply to new families</i>	\$100 per student	\$	
PAYMENT NOW DUE (with Payment Method marked below):			\$
I would like to contribute to the Religious School, for tuition assistance for those in need:			\$
TOTAL AMOUNT:			\$

PAYMENT METHOD	
Indicate payment method and amount being paid now:	
<input type="checkbox"/> I am enclosing a check.	\$
<input type="checkbox"/> Please charge my credit card account indicated below: Circle One: MasterCard • Visa • Discover	
Card # _____ Exp. _____	
Signature _____ Date _____	

FAMILY NAME:



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Policies & Procedures

1. Prompt and regular attendance is a necessary part of an effective religious education. Only illness should keep a student home. Please contact the school office to report your child's absence.
2. In case of a prolonged absence due to illness or adverse family circumstances, our office is to be notified as soon as possible. Each situation will be carefully reviewed and evaluated in order to determine the most acceptable solution for all concerned.
3. Students enrolled in Hebrew School must also be attending our *Shabbat Chai* program.
4. No student may miss more than 25% of sessions during one year. Additional absences can result in the student being held over in any grade, or postponement or denial of Bar/Bat Mitzvah unless special make-up assignments are arrangements and completed.
5. 3rd - 7th Graders who are enrolled in an Independent Study program are assessed a fee of \$50 in addition to regular tuition costs.
6. Students who fail to meet these requirements will be promoted only with the approval of the Director of Jewish Engagement.
7. Temple Beth El of South Orange County (TBESOC) and related organizations may use pictures of my child in their promotional materials, including both printed and electronic media
8. One-half of the Tuition and all fees must be paid at the time of registration. The second half of Tuition is billed and is due in December. A charge of \$25 will be incurred for any declined credit cards. We reserve the right to pursue collection of all accounts in arrears for the recovery of all sums past due by cashier's check.

Applications cannot be processed without payment.

By signing the Admissions Agreement, I accept all the policies and procedures set forth above and agree to honor them.

Parent

Signature: _____ Date _____

Complete one for each child—only if information has changed from last year or your child is new to our program



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Family Information Sheet 2011-2012

Please print all information clearly

Family Name		Date	
Parent/Guardian's Name		Parent/Guardian's Name	
Phone (H)	Phone (W)	Phone (H)	Phone (W)
Phone Cell		Phone Cell	
Address		Address	
City	Zip	City	Zip
Email		Email	
Employer	Occupation	Employer	Occupation
Employer Address		Employer Address	
Religion of Parent/Guardian		Religion of Parent/Guardian	
Local Emergency Name & Phone Number:			
Out of Area Emergency Name & Phone Number (100 miles or more):			
Child #1 Name:		Grade in Sept. 2011:	
Child #2 Name:		Grade in Sept. 2011:	
Child #3 Name:		Grade in Sept. 2011:	
Child #4 Name:		Grade in Sept. 2011:	

EMERGENCY RELEASE FORM 2010 - 2011
Temple Beth El South Orange County
Aron & Sala Samueli Religious School

This form must be completed and returned to Temple Beth El SOC each year.

Student's Last Name	Student's First Name	
Student's Birth Date	Student's Grade	
Home Address		
Email Address		
Parent/Guardian	Day Phone	Cell Phone
Parent/Guardian	Day Phone	Cell Phone
Does the student have allergies?		
Medications taken regularly:	For what:	
Special Dietary Needs:		

STUDENT DISMISSAL INFORMATION

In the event of a natural disaster or major emergency, students will remain at school until a parent or other authorized adult arrives. Please list those persons to whom your child may be released under these circumstances. Your child will be signed out by a staff member and will only be released to someone on this list. It is the responsibility of the parent/guardian to notify those listed that they are authorized to pick up their child in an emergency.

Name	Address	Phone	Relationship

OUT OF STATE CONTACTS

Name	Phone

MEDICAL RELEASE FORM

(We) (I), the undersigned, parents of _____, a minor, do hereby, authorize Temple Beth El SOC as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical practice act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender to physical custody of such minor to (my) (our) above named agent(s) upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____ unless sooner revoked in writing delivered to said agent(s).

Medical Insurance Company: _____
 Policy Number: _____ Participants Name: _____

In case parents cannot be reached in an emergency, please notify:
 Name: _____ Relationship: _____

Phone Number for Emergency Person (Day & Night): _____

Signature of Parent/Guardian _____ **Date** _____

