

## *Pre-K School Registration, 2011 - 2012*

**Return by mail to:**

Temple Beth-El 3330 Grove Avenue  
 Richmond, VA 23221, Attn: Registration

<b>Student's Last Name</b>			<b>First</b>		<b>Middle</b>		<b>Hebrew Name</b>	
<b>Home Phone #</b>		<b>Address</b>			<b>City</b>		<b>Zip Code</b>	
<b>Pre-K Grade</b>	<b>Secular School, 2011 - 2012</b>		<b>Date of Birth</b>		<b>Gender</b>		<b>Hebrew birthday (if known)</b>	

### ***PARENTS OR GUARDIANS***

<b>Parent # 1:</b>		<b>Email Address</b>		<b>Work Phone</b>		<b>Cellular Phone</b>	
<b>Parent # 2:</b>		<b>Email Address</b>		<b>Work Phone</b>		<b>Cellular Phone</b>	

### ***EMERGENCY / MEDICAL***

<b>Contact if parents can't be reached</b>		<b>Phone Number</b>		<b>Child's Doctor</b>		<b>Dr.'s Phone #</b>	
<b>In Case of emergency and parents cannot be reached, may the school:</b>				<b>Hospital preference</b>			
<input type="checkbox"/> Call your child's doctor?		<input type="checkbox"/> Take your child to the hospital?					
Please indicate if you child has any medical, emotional, or learning differences.							
Does you child have an IEP (Individual Education Plan) at school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you prefer, contact Bari Cohen at 804-740-0820 to discuss.							

### ***PARENTS TALENTS AND INTEREST***

<b>Parent #1- Interests:</b>				<b>Parent #2 - Interests:</b>			
<b>Talents:</b>				<b>Talents:</b>			
Would you consider being a Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Would you consider being a Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
On a volunteer basis – what would you like to do?				On a volunteer basis – what would you like to do?			
Would you like to be a Room Parent?							

**TUITION - FEES – MEMBERSHIPS – DONATIONS**

Tuition is subsidized significantly by the Synagogue and Sisterhood.

**Pre-K:** ( 9 Sunday Sessions) --- October 2<sup>nd</sup>; November 6<sup>th</sup>; December 4<sup>th</sup>; January 8<sup>th</sup>;  
February 5<sup>th</sup>; March 4<sup>th</sup>; April 1<sup>st</sup>; May 6<sup>th</sup>, May 20<sup>th</sup>

[ ] \$180 - TBE Members [ ] \$225 - Non-Member of TBE

Parents enrolling their child in the Preschool program understand that they may be required to volunteer one Sunday during the year.

< < PLEASE PRINT CLEARLY > > CREDIT CARD INFORMATION MUST BE COMPLETED IN FULL

**METHOD OF PAYMENT:** [ ] Check Enclosed # \_\_\_\_\_ [ ] Credit Card

**Name on Credit Card:** \_\_\_\_\_ (NOT the bank)

**Billing Address/credit card:** \_\_\_\_\_

**Credit Card No#:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVV #** \_\_\_\_\_  
(Amex – 4 digits on front)

**SCHEDULE OF PAYMENT:**

[ ] Full Payment at time of registration **OR** [ ] By the first session.

Enrollment in the Temple Beth-El School is open to the children of members of Temple Beth-El whose Temple dues and school fees are currently up-to-date. Pre-school is only open to non-members of Temple Beth-El. All school fees are non-refundable.

I verify that the information listed above is correct. I further verify that I have read the conditions above concerning the payment of tuition and membership fees and I agree to abide by them. I further understand that if satisfactory arrangements are not made, my child will not be allowed to attend the religious school.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent or Guardian Signature

**Bookkeeper Only:**

**Date Received:** \_\_\_\_\_

**Processed Date:** \_\_\_\_\_ **Inv No:** \_\_\_\_\_ **Total Amt:** \_\_\_\_\_

**Payments** [ ]  
**Paid in Full** [ ]