

For questions about school programs contact:  
 Bari Cohen, Education Director (804) 740-0820  
 The Jacob and Selma Brown Religious School  
 Temple Beth-El, Richmond, VA 23229

## *School Registration, 2011 - 2012*

**Return by mail to:**

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

\*\*\*\*\* ONLY ONE CHILD PER FORM \*\*\*\*\*

<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>Grade</b>	<b>Secular School 2011 - 2012</b>			<b>Date of Birth</b>		<b>Gender</b>		<b>Hebrew Birthday</b>	
<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?							
<p><b>Please indicate if you child has any medical, emotional, or learning differences.</b></p> <p>Does your child have an IEP (Individual Education Plan) at school? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If you prefer, contact Bari Cohen at 804-740-0820 to discuss.</b></p>							

### *PARENTS TALENTS AND INTEREST*

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

**TUITION - FEES – DONATIONS**

Tuition is subsidized significantly by the Synagogue and Sisterhood.

[ ] **\*\*Pre-K ( 9 Sessions):** [ ] \*Members \$180 [ ] Non-Member: \$225 **\*\*(Pre-K only is open to Non-Members)**

[ ] Grades K\* – 1: \$450 [ ] Grades 2 – 7: \$665 [ ] Grades 8 – 10: \$450

[ ] **\$325 - Sunday only at Temple Beth-El** (for students currently enrolled in a Jewish Day School)

{ } **DISCOUNT 1/2 price tuition- Must be a full-time, regular contracted Teacher for the Religious School for the current Year 2011-2012.** Substitute and Assistants Teachers are not eligible.

[ ] **LATE FEE:** \$25 per child for returning families registering after August 1, 2011

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

**SCHEDULE OF PAYMENT:** Any Questions – call Debbie at the business office @ 355-3564

[ ] **Full Payment** (Enclosed or Charge Now) [ ] **(2) Equal Payments** ( 1/2 w/application; balance due in December)

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

**METHOD OF PAYMENT:** [ ] Check Enclosed [ ] Credit Card

**Card Holder's Name** (*NOT THE BANK*) \_\_\_\_\_

Billing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
address city zip

Credit Card No#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV # \_\_\_\_\_  
(Amex – 4 digits on front)  
DC –VS-MC >>3/digits on back

**Enrollment in the Temple Beth-El School is open only to the children of members of Temple Beth-El whose Temple dues and school fees are currently up-to-date. All school fees are non-refundable. Financial inquiries should be made to Executive Director at (804) 355-3564.**

**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.**

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

**Bookkeeper Only:**

Late Fee (\$25) Applied [ ] Yes

Special Arrangements [ ]

Payments [ ]

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

Paid in Full [ ]