

# Congregation B'nai B'rith

## 2009-2010 School Registration Form - Members

*(Please fill out both sides of this form and the payment form)*

Student 1: \_\_\_\_\_ Gender: \_\_\_\_

Name Last First Hebrew

Date of Birth (month/day/year): \_\_\_\_\_ Age on September 1, 2009: \_\_\_\_\_ Public School and Grade: \_\_\_\_\_

Religious School Grade in Fall 2009: \_\_\_\_\_ Does your child have an IEP in their day school? Yes \_\_\_\_\_ No \_\_\_\_\_

Student 2: \_\_\_\_\_ Gender: \_\_\_\_

Name Last First Hebrew

Date of Birth (month/day/year): \_\_\_\_\_ Age on September 1, 2009: \_\_\_\_\_ Public School and Grade: \_\_\_\_\_

Religious School Grade in Fall 2009: \_\_\_\_\_ Does your child have an IEP in their day school? Yes \_\_\_\_\_ No \_\_\_\_\_

Student 3: \_\_\_\_\_ Gender: \_\_\_\_

Name Last First Hebrew

Date of Birth (month/day/year): \_\_\_\_\_ Age on September 1, 2009: \_\_\_\_\_ Public School and Grade: \_\_\_\_\_

Religious School Grade in Fall 2009 \_\_\_\_\_ Does your child have an IEP in their day school? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACTUAL COST:** The basic Religious School tuition that CBB's members pay covers only a portion of CBB's actual cost of providing a quality Religious School education for your child. Please consider the option of voluntarily electing to pay CBB's "Actual Cost" of providing your child's Religious School education without support from our Temple community. Any amount you choose to pay above the Basic Member Rate should be a tax-deductible contribution (please consult your tax advisor).

| Choose Payment Option On Separate Sheet   | Basic Member Rates Per Student | Actual Cost Per Student | Please Specify Student 1, 2, 3 | Please Fill In Tuition Amount |
|---|--------------------------------|-------------------------|--------------------------------|-------------------------------|
| <b>TUITION</b>  |                                |                         |                                |                               |
| Kindergarten – 3 <sup>rd</sup> Grade  | \$410                          | \$840                   |                                |                               |
| HIP Program (in addition to K, 1 and 2 tuition)   | \$435                          | \$840                   |                                |                               |
| Grades 4- 6   | \$825                          | \$1,200                 |                                |                               |
| Grades 7, 8 and 9   | \$570                          | \$800                   |                                |                               |
| Grade 10  | \$410                          | \$900                   |                                |                               |
| <b>MATERIALS (Required)</b>   |                                |                         |                                |                               |
| Kindergarten – 6 <sup>th</sup> Grade  | \$90                           | \$90                    |                                |                               |
| Grades 7 – 10   | \$70                           | \$70                    |                                |                               |
| <b>EARLY BIRD DISCOUNT</b><br><i>If 50% of tuition and fees are received on or before July 10, 2009 and balance by January 10, 2010</i>                     | (\$50)                         | (\$50)                  |                                |                               |
| <b>CONTRIBUTION</b><br><i>Please consider making a tax-deductible gift towards the cost of Religious School for a child in need of financial assistance</i> |                                |                         |                                |                               |
| <b>TOTAL</b>  |                                |                         |                                |                               |

- It is CBB's policy to admit all members' children to its Religious School regardless of ability to pay. Please mark the box below if you need financial assistance for all or part of your tuition and please return a scholarship form (ask Becca if you need one or get it at [www.cbbsb.org](http://www.cbbsb.org)) with registration form

**<OVER PLEASE>**

# Congregation B'nai B'rith

## 2009-2010 School Emergency Medical Release Form

Student lives with (circle all that apply): Mother    Father    Step-Mother    Step-Father    Other (Specify) \_\_\_\_\_

Other living situation (please specify): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Student's Email Address(es): \_\_\_\_\_

The student's parent/guardian will be called first in the event of an emergency. If the parent is not available, please call:

Local Emergency Contact (*not a parent/guardian*): Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL/PERSONAL INFORMATION** (Please attach additional pages if necessary):

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Student 1:** \_\_\_\_\_ Known allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Special needs: \_\_\_\_\_

Daily medications: \_\_\_\_\_ As needed medications: \_\_\_\_\_

**Student 2:** \_\_\_\_\_ Known allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Special needs: \_\_\_\_\_

Daily medications: \_\_\_\_\_ As needed medications: \_\_\_\_\_

**Student 3:** \_\_\_\_\_ Known allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Special needs: \_\_\_\_\_

Daily medications: \_\_\_\_\_ As needed medications: \_\_\_\_\_

**PHOTO RELEASE:** I hereby grant to Congregation B'nai B'rith (CBB) the right to photograph my dependent(s) and to use the photo and/or any digital or other reproduction of him/her or his/her physical likeness (all of which shall be the exclusive property of CBB), for publication processes, including electronic, print or electronic publishing via the Internet. **Please initial:** \_\_\_\_\_

\* \* \* \* \*

I/we the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, authorize any agent representing Congregation B'nai B'rith and its authorized representatives, as agents for the undersigned, in the event of an emergency, to consent to any examination, x-ray, use of anesthesia, medical or surgical diagnosis, treatment and/or procedure and/or hospital care (individually and collectively, "Medical Care") that is to be rendered under the general or specific supervision of a licensed physician (under the provisions of the California Medical Practices Act) or a member of the medical staff of a licensed hospital, whether such Medical Care is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific Medical Care being required, but is given to provide specific consent to any and all such Medical Procedure(s) as outlined.

Parent's/Guardian's signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_