

**Temple Beth Shalom
Family Torah School**



Temple Beth Shalom
3635 Elm Ave, Long Beach, CA 90807
(562) 426-6413
education@tbslb.org

Please complete this form and return it with your payment to the Temple Beth Shalom Office, Attn: TBS Torah School.

****Receive \$100 credit for every family you refer that joins TBS by Sept. 1st 2011***

Parents are:

- Married
- Separated
- Divorced
- Widowed

Child Lives With:

- Both parents
- Mother only
- Father only
- Other (please explain)

For Office Use Only:

2011-12 Family Torah School Registration Form

Welcome to Temple Beth Shalom's Family Torah School.

We look forward to sharing a year of meaningful learning with your family.

Student Information

Student 1: Gender M F Grade in 2011-12 _____

Last Name _____ First Name _____

Name Child Prefers at School _____ Hebrew Name _____

Date of Birth ___/___/___ Time of Birth (to determine Hebrew birthday) _____

Prior Jewish Education (#years, school) _____

Jewish by birth (Jewish mother) or by conversion Not yet converted

Child's secular school _____

Child's email _____ Hebrew birthday _____

Address _____ City _____ Zip _____

Special Learning Needs*: _____

Medications (Please list) Allergies (Please list) Glasses

_____ N Y

Student 2: Gender M F Grade in 2011-12 _____

Last Name _____ First Name _____

Name Child Prefers at School _____ Hebrew Name _____

Date of Birth ___/___/___ Time of Birth (to determine Hebrew birthday) _____

Prior Jewish Education (#years, school) _____

Jewish by birth (Jewish mother) or by conversion Not yet converted

Child's secular school _____

Child's email _____ Hebrew birthday _____

Special Learning Needs*: _____

Medications (Please list) Allergies (Please list) Glasses

_____ N Y

*Please note that the term Special Need refers to Educational, Emotional, and Physical special needs identified by a physician, therapist, or school, including any IEP, 504, behavioral or other Educational/Psychological evaluations. Please share any additional information that will help us at the TBS Family Torah School to address your child's learning needs.

Family Information

Parent/Guardian: Mr. Mrs. Ms. Dr. Other _____

Name Hebrew Name

Home Address Profession

(_____) _____
Home Phone Employer

(_____) _____
Cell Phone Business Phone

Personal Email Address Business Email Address

Jewish Not Jewish (Optional: In what religion were you raised? _____)

If you had a ceremony as a bar-/bat-mitzvah, what was the Torah portion? _____

Parent/Guardian: Mr. Mrs. Ms. Dr. Other _____

Name Hebrew Name

Home Address Profession

(_____) _____
Home Phone Employer

(_____) _____
Cell Phone Business Phone

Personal Email Address Business Email Address

Jewish Not Jewish (Optional: In what religion were you raised? _____)

If you had a ceremony as a bar-/bat-mitzvah, what was the Torah portion? _____

Siblings Not Enrolled in Torah School

Sibling: _____ / /
Name Hebrew Name Birthday

Sibling: _____ / /
Name Hebrew Name Birthday

May we share your contact information with local Jewish organizations in order to inform you about relevant programs that may be of interest to you? (YES / NO)

Jewish Learning Interests (Please circle all that apply):

Hebrew Alphabet & Beginning Reading Adult Torah Study Synagogue Skills
Jewish Cooking Deeper Meaning of the Jewish Holidays Laws of Shabbat

Jewish Parenting 101 (*How to Sleep Late on Shabbat with Kids—Really; Raising a Jewish Teenager; December Dilemmas; Jewish Bedtime Rituals; the M in Bar-Mitzvah is for Meaning, not Mortgage*)

Other _____

Special Learning Experiences Desired (Please circle all that apply):

Shabbat Hospitality Adult Bar/-Bat-Mitzvah Family Education Community Service
Jewish Cinema (TBS Goes to the Movies) How to Make My Kitchen Kosher Carpooling

Special Areas of Talent/Enjoyment or Experience (Please circle all that apply):

Drama	Coordinating Logistics	Sharing My Experience:
Storytelling	Public Relations	Active in Jewish Community
Cooking	Strategic Planning	Interesting Career
Singing/Playing Music	Shopping for Supplies	Special Family Background
Visual Arts	Hebrew Speaking	Jewish By Choice
Graphic Design	Substitute Teaching	Israel Experiences
Organization: Interior Design	Working with Youth	Shabbat Service Feedback
Coordinating Social Activities	Being a Room Parent	

Your involvement as a Volunteer is a central aspect of the Temple Beth Shalom Family Torah School experience. Please indicate the best times for you to share your energy and talents:

- Sunday Mornings 9am-12pm
- Tuesday Afternoons 1pm-8pm
- Friday evenings 5pm-9pm
- Shabbat mornings in services 9am-12pm
- Shabbat afternoons for special programs 3pm-8pm
- Other (specific) _____
- Other (flexible in general with the following limitations) _____

Please note that by submitting this application, you are agreeing as members of Temple Beth Shalom to abide by all TBS Rules and to honor all financial commitments, including dues payments, that you make to Temple Beth Shalom.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

FIELD TRIP WAIVER/RELEASE

I/we give permission for this child to participate in all field trips sponsored by Temple Beth Shalom Family Torah School and will not hold Temple Beth Shalom responsible for any accident or injury which may occur on these trips. In addition, I/we relieve any and all liability to any driver and/or drivers who chauffeur such events. This agreement will remain in effect as long as my/our child is enrolled in the Temple Beth Shalom Family Torah School.

Signed: _____ Signed: _____ Date _____

PARENTAL CONSENT TO EMERGENCY CARE FOR MINOR

I/We hereby give permission for the child(ren) registered in this application to be given emergency care as authorized or directed by any adult person acting on behalf of Temple Beth Shalom and its Family Torah School. Such care may include transportation by ambulance or other emergency vehicle, medical or surgical diagnosis or treatment, or x-ray examination as deemed advisable by a physician or surgeon and rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act. X-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care is to be rendered to said children by a dentist licensed under the provisions of the Dental Practice Act. I/we understand that any cost for such services are our responsibility and I/we agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth Shalom and its Family Torah School personnel will try but not be required, to communicate with me, or my child's personal physician prior to such treatment.

Parent/Guardian Name _____ Parent/Guardian Signature _____
Insurance Company _____ Policy # _____ Policy Holder _____
Doctor _____ Phone (____) _____
Dentist _____ Phone (____) _____
Relative/Friend _____ Relationship _____
Home (____) _____ Business (____) _____ Cell (____) _____
Out of State Contact _____ Relationship _____ Phone (____) _____
Date of Child's Last Tetanus Shot _____ Allergies _____

2011-12 Family Torah School Enrollment Invoice

Temple Beth Shalom has an 'Education Membership' for families who enroll their children in our education program. **These dues include congregational membership and are fully tax-deductible.** *To determine amount due, please circle the grade of the eldest child in your family who is enrolling in our Family Torah School, and then write the appropriate 'Education Membership' amount into the invoice below:*

Enrollment Dues: *K-1st: \$2,165** *Grades 2nd: \$2,220** *Grades 3rd and up: \$2,520**

Registration Fee \$150 per student \$ _____

Education Membership (based on grade of eldest child enrolled, see above)

*Includes \$180 Building fund \$ _____

TOTAL DUE for 2011-12 school year: **\$**

Payment or credit card information must accompany this registration form.

Dues Adjustments are available to any family needing assistance; please attach a letter to this form explaining your situation *and the amount you are requesting*, and we will do our best to meet the difference. All information will be confidential, and we will respond to your request as soon as possible. **Please note: Adjustment requests for new families are due by September 1st.**

2011-12 Family Torah School Payment Authorization

Payment Options

- Payment in full by check or credit card
- Monthly payments by EFT (Automatic Withdrawal from Checking Account or Credit Card only)*
- Alternative payment arrangements (available only to families receiving scholarships)

*Note: all credit card charges are subject to 2.5% surcharge unless paying in full.

Payment by Check: Please make check for Total Amount Due payable to Temple Beth Shalom; write 'Education Membership' in memo line. Include this form with your check.

Payment by Credit Card: VISA – MASTERCARD Authorization

Print Name: _____
Please charge \$ _____ (Total Due, above) to my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
_____ Expiration _____ Billing Zip Code: _____
<input type="checkbox"/> For the full amount <input type="checkbox"/> In monthly payments (charges will be pro-rated to be current by October, 2011)
*Note: All credit card charges are subject to 2.5% surcharge unless paying in full
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____
Signature: _____ Date ____ / ____ / ____.

Payment by Electronic Funds Transfer: ACH AUTHORIZATION AGREEMENT

I/we hereby authorize Temple Beth Shalom to initiate debit entries to my/our Checking Account / Savings Account (select one) as indicated below, and to debit this account in monthly payments totaling \$ _____ (Total Due, above). I/we acknowledge that the origination of ACH transactions to my/our account will comply with all relevant provisions of U.S. law.	
Bank Name _____	Branch _____
City _____	State _____ Zip Code _____
Routing Number _____	Account Number _____
This authorization is to remain in full force and effect until and unless Temple Beth Shalom has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Temple Beth Shalom and the aforementioned depository financial institution a reasonable opportunity to act on any change.	
Signature: _____	Date: _____
Signature: _____	Date: _____
Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.	