



BETH SHALOM CONGREGATION

The Center for Jewish Life in Howard County

8070 Harriet Tubman Lane Columbia MD, 21044 410-531-5115

Beth Shalom Religious School Registration 2016-2017

Welcome to the Beth Shalom Religious School!

We are honored and pleased that you have chosen to entrust Beth Shalom with your child(ren)'s formal Jewish education. It is a special privilege to be able to serve in this important role for our students, and we will strive to give your child(ren) the very best Jewish Education possible in our time together.

We are already putting in place our teaching staff and finalizing next year's curriculum including a new year of J.E.W. (Jewish Experiential Wednesdays) with grade based groups to enhance the Judaic education of our 3rd-5th grade students. The Hebrew program will continue to strengthen as we move into the 2nd year of our new curriculum, and new programs and other changes to be announced over the summer. These innovations are in addition to the ongoing professional development of our faculty.

The Hebrew High program will continue with our highly successful trips, including an overnight excursion to New York City this academic year. Our curriculum encourages our students to explore beyond the foundations of Judaism they have learned in earlier years and into the deeper meanings behind what we do and believe as Jews.

This registration form also gives you the opportunity to sign your child(ren) up for our outstanding Youth Groups. These programs seek to connect our students to each other outside of our formal Religious School setting. We offer the following age-grade groupings:

Shorashim for families with children from birth through pre-school (no membership fee)

Mishpacha for families with children in Kindergarten through 4th Grade (\$15 per family)

Kadima for children in 5th-8th grade (5th graders local events only, 6th-8th have regional events they may attend) (\$35 per student)

United Synagogue Youth (USY) for 8th Grade and High School students (8th graders are welcome to attend local events) (\$45 per student)

To enroll your child(ren) in both the school and youth groups, please fill out the enclosed registration form including the "Grandparents and Special Guests" form on the final page. Please enclose a check payable to Beth Shalom Religious School and mail along with the completed form to:

Beth Shalom Religious School, 8070 Harriet Tubman Lane, Columbia, MD 21044

Please note: Tuition does not cover all of the expenses of the Beth Shalom Religious School. If you are able, please consider an additional donation to help provide scholarships to students in need and supplies for special programs.

Your registration is not effective until we receive your completed registration form, emergency information and payment arrangements. Please submit all forms and a \$200 deposit per child no later than June 30th in order to receive the Early Bird discount.

2016-17 Class Schedule and Tuition Information

Please Note: Tuition assistance is available, please check the box on the "Payment and Releases" page for more information.

Kindergarten and 1st Grade: Sundays, 9:00 a.m. – 11:00 a.m.
Optional Enrichment Hour: 11:00 a.m. – Noon

Tuition: Members - \$750 by June 30, 2015
\$850 after June 30, 2015

Non Members - \$950 by June 30, 2015
\$1050 after June 30, 2015

Enrichment Hour: \$200 Members, \$300 non-members

2nd Grade: Sundays, 9:00 a.m. – Noon

Tuition: Members - \$950 by June 30, 2015
\$1050 after June 30, 2015

Non Members - \$1250 by June 30, 2015
\$1350 after June 30, 2015

3rd-7th Grades*: Sundays 9:00 a.m. – Noon; Wednesdays, 4:30 p.m. – 6:45 p.m.

Tuition: Members Only \$1250 by June 30, 2015
\$1350 after June 30, 2015

Bar/Bat Mitzvah Fee (see note):

6th and 7th Grade: \$300

Note: The total Bar/Bat Mitzvah fee is \$600; this is split into two payments, \$300 in 6th grade, and \$300 in 7th grade.

Supply Fee: The K-7 tuition includes all ordinary materials and supplies for our students. Individual class teachers may still request special supplies for particular projects.

High School (8th-10th)*: Sundays, 6:30-8:30, with Optional Dinner at 6:00

Fee: Members Only \$650

Pre-pay Dinners: \$144 (\$8 per dinner pre-paid vs. \$10 per individual dinner)

Hebrew High tuition includes a subsidy for an overnight trip to New York City and a special "between the semesters" program in January of 2017.

SPECIAL NOTE: Membership dues for Youth Groups may be paid with Religious School registration (see form).

* Beth Shalom membership is required in order for your child to attend 3rd thru 10th Religious School grades. If you need membership information, please call the Beth Shalom office at 410-531-5115 or e-mail bethshalom@beth-shalom.net.

Beth Shalom Religious School Registration 2016-2017

Family Information Page

Parent/Guardian #1		
First Name:	Last Name:	Occupation:
Cell:	Home:	Work:
Address:		
Email:		

Parent/Guardian #2 - Please list non-custodial parent if applicable		
First Name:	Last Name:	Occupation:
Cell:	Home:	Work:
Address (if different than parent/guardian #1):		
Email:		

Emergency Information

Please be advised that school staff may not administer any medication without the physician's written orders.

Physician's Name:	Phone No.:
Insurance Company:	Policy #:

Emergency Contact 1: (will be used only if parent(s) cannot be reached during Religious School hours)	
Name:	
Phone number 1:	Phone Number 2:
Relation to Student(s):	
Emergency Contact 2: (will be used only if parent(s) cannot be reached during Religious School hours)	
Name:	
Phone number 1:	Phone Number 2:
Relation to Student(s):	

Please list any and ALL additional email addresses you would like us to use for Religious School communications (NOTE: it is very important that you let us know if this information changes during the school year):

Student Information Page (please fill out this page for each child)

Parent Name (s): _____

Child Name		Day/Public School Attending in 2016-17:		
Grade:	Tuition (see page 1):	B'nai Mitzvah Fee: <input type="checkbox"/> \$300 <input type="checkbox"/> N/A	Youth Group:*	Hebrew High Dinner:
Child cell Number (Optional – will be used only for internal purposes):				Subtotal: \$
Child's Hebrew Name**:			Birthdate:	
Hebrew Name of Parent #1:				
Hebrew Name of Parent #2 (if applicable):				

*Mishpacha K-4 (\$15), Kadima: 5-8 (\$35), USY: 8th Grade and High School (\$45)

**If you do not have this information available, please contact Rabbi Grossman

Medical and Behavioral Information

Allergies? <input type="checkbox"/> Nuts <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Penicillin <input type="checkbox"/> Bee Stings <input type="checkbox"/> Other (List below or on separate sheet)
Other Health Issues or Limitations?
Does your child take any medications regularly? (if yes, please list)
If your child has special learning needs, please explain here (or attach separate sheet):
If your child has an IEP or 504 plan with the public schools, please submit the most recent version with registration. <input type="checkbox"/> This child has a IEP or 504 Plan and I am including it here <input type="checkbox"/> This child does not have an IEP or 504 plan.

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Address Form For Grandparents and Special Guests

Name(s) of Child(ren): _____ Grade(s): _____

For certain general and class-specific events Beth Shalom Religious School would like to invite grandparents and others who may be special to your child to join us. This may include in-school activities and Shabbat or other services. Please fill out this form so that we can include your special relatives on these occasions. This information will not be used for any purpose outside of the Religious School program.

Name(s)
Relationship to child
Street Address
City
State
Zip
Email Address(es)

Name(s)
Relationship to child
Street Address
City
State
Zip
Email Address(es)

Name(s)
Relationship to child
Street Address
City
State
Zip
Email Address(es)

Feel free to make or request copies of this form to include additional special people

Payment and Releases

Parent Name(s): _____

I would like to make a donation in the amount of \$_____ to the Religious School in honor/Memory of:

Please allocate my donation to:

- Scholarships to support families in need
- General Religious School Fund (school programs, activities & events)

Total Fees and donations for the 2016-17 Academic Year: \$_____

Payment Options:

- Full payment for tuition, registration fee and other fees is enclosed.
- Monthly Payment: A deposit of a minimum of \$200 **per child** is enclosed; I understand that registration is not complete until I return the payment option form to the Beth Shalom office. (Payment option form is included.)
- Payment assistance: I would like to speak to someone confidentially about requesting assistance with Religious School Tuition (Please note: Such requests will be handled in confidence and with the highest level of sensitivity and any arrangements made will be kept confidential as well). A deposit of \$_____ is included.

Releases:

- I hereby grant permission for my child(ren)'s photographs to be used on the Beth Shalom website, Facebook page, other social media platforms, promotional materials and/or congregational presentations.
- In case of an emergency, I give permission for my child to receive necessary and proper medical treatment. If such an emergency should occur, a parent/guardian or the emergency contact will be notified immediately.
- The medical and information in this form may be used appropriately when my child(ren) is/are away from the building on school sanctioned field trips. (Note: Parents will still fill out a basic permission slip for such trips, but will not need to provide all of the medical, insurance and emergency contact information for each trip).
- I acknowledge that by submitting this registration form I am responsible for all applicable tuition and fees for the entire 2016-17 school year as of August 15, 2016. If my family moves out of Howard County during the school year, I am responsible for applicable tuition and fees through the final date of my child(ren)'s attendance.

Volunteer to enhance your child/ren's experience:

- I would be interested in serving as a class parent this school year. Parent Name: _____ Child's Grade: _____
- I am interested in learning about additional ways to volunteer for the Beth Shalom Religious School

Parent Signature: _____ Date: _____

For any questions, please contact our Education Director, Rabbi Daniel Plotkin, at (410) 531-5115 ext. 322 or louis.nagel@beth-shalom.net.

Thank you for being a part of the Beth Shalom Religious School.



BETH SHALOM CONGREGATION
PAYMENT OPTION FORM 2016/17

Please Return ASAP

I/We agree to pay Beth Shalom Congregation my/our Annual Membership Costs, Special Assessment and Hebrew School Tuition (if applicable). **Periodic Payments are accepted but MUST be processed through an automatic checking account withdrawal (ACH – no fee) or credit card payment initiated by Beth Shalom.** (A 3% convenience fee will be applied for credit/debit card payments to cover the associated costs.) **KINDLY COMPLETE AND RETURN THIS FORM TO BETH SHALOM NO LATER THAN JULY 8, 2016. IF YOU WERE ON AUTOMATIC PAYMENTS LAST FISCAL YEAR AND WE DO NOT RECEIVE INSTRUCTIONS FROM YOU BY JULY 15TH, IT WILL BE CONSTRUED AS GUIDANCE TO CONTINUE YOUR PAYMENTS ON A SIMILAR PLAN.**

Please specify your **TOTAL PAYMENT AMOUNT, MONTHLY PAYMENT OPTION, and METHOD OF PAYMENT.**

The periodic amount will be auto-calculated. Example: Membership Cost of \$2,307 (Dues of \$2,012 plus \$100 mortgage repayment plus \$195 assessment, divided by 9 monthly payments equals a periodic payment of \$256.34 for 9 months. This does not include the 3% cost added if paid by Credit/Debit Card.)

I. TOTAL PAYMENT AMOUNT

1. _____ **TOTAL PAYMENT AMOUNT.** This is the total amount from your invoice including Dues, Mortgage Repayment, Building Fund, Assessment, and Religious School tuition (if applicable), but does not include the 3% convenience fee for credit/debit card payments.
 A _____ **Y / N = INCLUDE MEMBER DUES BALANCE IN AUTO PAYMENT**
 B _____ **Y / N = INCLUDE RELIGIOUS SCHOOL BALANCE IN AUTO PAYMENT**

II. MONTHLY PAYMENT OPTIONS:

1. **# of Monthly Payments:** **12 (start in July)** **11 (start in August)** **10 (start in September).** Beth Shalom automatically collects annual membership and tuition costs around the 15th of each month. If we receive this form by July 8, 2016, you may choose to make 12 monthly payments, beginning on **July 15, 2016.** Alternately, you may delay payment until August or September. However, if your form is received after July 15, 2016, the number of monthly payments will likely be 11 or less, depending on when we receive your form. Note: the final payment will be completed no later than **June 2017.** If we receive your form after August 12th, your payments (up to 10) could begin on September 15th.

III. METHOD OF PAYMENT OPTIONS:

1. _____ **(Check):** I/We will pay the entire annual membership and tuition costs by check ASAP or no later than August 30th.
2. _____ **(Checking account/ACH withdrawal)** I/We authorize Beth Shalom to automatically collect our annual membership and tuition costs from my/our checking account. Enclosed is a **current voided check.**
 Name on the account: _____
 9 Digit Bank Routing Number _____
 Bank Account Number _____
3. _____ **(Credit Card/Debit Card)** I/We authorize Beth Shalom to automatically collect my/our annual membership and tuition costs from my/our credit/debit card. (A 3% surcharge will be applied to each transaction to cover the associated costs.)
 Name on the card: _____
 Card type (circle): **MASTERCARD** **VISA** **DISCOVER**
 Card # _____
 Expiration Date: ____ / ____ / ____

I/We agree to the terms of payment outlined above and have indicated the timing option and method of payment that I/we have chosen for the 2016/2017 fiscal year. PLEASE PRINT YOUR NAME, ADDRESS AND TELEPHONE NUMBER BELOW AND FORWARD TO:

BETH SHALOM CONGREGATION, 8070 Harriet Tubman Lane, Columbia, MD 21044.

Name: _____ Date: _____

Address: _____ E-mail: _____

Telephone Number (home): _____ (Cell) _____

Signature: _____ Signature: _____

Note: If you would like confidential consideration for **financial assistance**, please complete and return the **Financial Assistance Application Form** to Beth Shalom. You can download the form from the web page (www.Beth-Shalom.net) – Click on the Synagogue Life tab and then the Useful Forms option located at the bottom of the menu list. You may also call the synagogue office (410 531-5115) and request that a form be mailed to you.