



Beit Midrash
TEMPLE ISRAEL'S RELIGIOUS SCHOOL
REGISTRATION 2011-2012
Tracy Griffin, Director

PLEASE FILL OUT ONE FORM FOR EACH CHILD ATTENDING RELIGIOUS SCHOOL. MEMBERSHIP IN TEMPLE ISRAEL IS REQUIRED FOR REGISTRATION.

Child's Name: _____/email _____ cell phone _____

Public School Grade _____ Hebrew School Grade _____

Full Address: _____

Phone: _____ Child's Date of Birth: _____

Name of Parent or Guardians with whom child resides: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's email: _____ Father's email: _____

Sibling Names: _____/_____/_____

Sibling Birth dates: _____/_____/_____

Previous Religious School experiences other than at Temple Israel:

Name & Phone of Person(s) to contact in case of emergency:

1. _____ Phone: _____

2. _____ Phone: _____

In case of emergency, I authorize Temple Israel and/or its representatives to take my child to a doctor or hospital for any treatment, which may be necessary.

Parent's Signature

Date

FIELD TRIP PERMISSION FORM

Child's Name: _____ Phone Number: _____

Parent's Name(s): _____

Parent's Phone (if different above) _____

In case of emergency, whom shall we contact: (If parents can't be reached):

Name: _____ Phone #: _____

Relationship to child: _____

Family Doctor: _____ Phone #: _____

Special medical information or educational needs we should know:

I hereby grant permission for my child to participate in any field trip at Temple Israel Religious School. By signing below, I also give permission for my child to be involved in all aspects of the school program. I also give my permission for my child to be photographed, video taped or audiotaped for educational purposes as well as publicity for the school.

Parent's Signature

Date

TUITION FEES	EARLY REGISTRATION (NO LATER THAN 7/15)	REGULAR FEE
Pre-K thru 2 nd grade	\$250.00	\$275.00
3 rd thru 7 th grade (Sun & mid week)	390.00	415.00
8 th & 9 th grade (2x monthly)	250.00	275.00
Confirmation Class (2x monthly)	250.00	275.00

For each additional child enrolled \$50.00 will be deducted from the total fee. *To qualify for early registration tuition reduction, your completed application and check for one-fourth (1/4) of the total payment must be received by 7/15/11.*

Please note: All financial obligations from the previous fiscal year must be current in order to enroll your child/children, however no child will be denied admission due to their parents' inability to pay. We encourage you to discuss your specific needs for financial assistance, if any, with our Administrator, Pat Catalano at pcatalano@tiofbrevard.com or 631-9494.

Please mail completed form to:
Temple Israel
7350 Lake Andrew Dr.
Melbourne, FL 32940