



**2011-2012/5771-5772  
Registration Packet**

Family Name: \_\_\_\_\_

RABBI BRIAN SCHULDENFREI • RABBI DAVID H. AUERBACH • CANTOR MARK H. KULA  
MARILYN WOLFSON, JEWISH EDUCATION CENTER DIRECTOR

BET SHIRA CONGREGATION  
7500 SW 120TH STREET  
MIAMI, FL 33156  
WWW.BETSHIRA.ORG  
(305) 238-2601/(305) 238-2606

FAMILY LAST NAME: \_\_\_\_\_



7500 SW 120<sup>TH</sup> STREET MIAMI, FL 33156 (305)238-2606 (305) 238-5267 FAX JEC@BETSHIRA.ORG

### JEC REGISTRATION FORM 2011-2012

ALL INFORMATION ON BOTH SIDES OF THIS FORM MUST BE COMPLETED FULLY  
SUBMIT WITH TUITION AGREEMENT (2-SIDES), WAIVER OF LIABILITY, AND FAMILY CONTRIBUTION FORMS

**Adult 1 Information**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

**Adult 2 Information**

Name \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_

Single: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_

**Child 1**

Name \_\_\_\_\_ M/F  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
School Attending \_\_\_\_\_

**Child 2**

Name \_\_\_\_\_ M/F  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
School Attending \_\_\_\_\_

**Child 3**

Name \_\_\_\_\_ M/F  
Hebrew Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
School Attending \_\_\_\_\_

**Siblings not registered in Bet Shira Jewish Education Center**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**Authorization for Release of Student from School**  
Please list those persons authorized to pick up your child from school.

AUTHORIZED:

NOT AUTHORIZED:

EMERGENCY PHONE NUMBERS (Please provide at least one):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Contact # \_\_\_\_\_

*In the event the school is unable to reach any of the previously named persons,  
I give permission for the school to have my child transported to the nearest source of emergency care.*

Parent's/Guardian's signature \_\_\_\_\_ Parent's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT PROFILE QUESTIONNAIRE

Below you will find questions that will help us better understand and plan for your child. All information given is strictly confidential.

Weekday school your child attends: \_\_\_\_\_

Previous Jewish School Experience:

Name of School(s) \_\_\_\_\_  
\_\_\_\_\_

Year(s) attended: \_\_\_\_\_  
\_\_\_\_\_

If child is new to the school, please indicate your child's general skill level in reading Hebrew and give any additional comments as needed.  
\_\_\_\_\_ No background    \_\_\_\_\_ Knows some letters/sounds    \_\_\_\_\_ "Sounds out" words    \_\_\_\_\_ Reads sentences

Comments:

\_\_\_\_\_

Describe your child's learning strengths (i.e. reading, writing, math, the Arts, how they learn best).

\_\_\_\_\_  
\_\_\_\_\_

Does your child(ren) play an instrument and if so, which one? \_\_\_\_\_

Describe any learning and/or behavioral difficulties your child might have (including reading, writing, attention, listening comprehension, adjusting to new situations, physical activity level, following directions, etc).

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child takes and their purpose. It is important for us to know about any medications that have been prescribed for your child for health purposes as well as any medications which may impact classroom functioning:

\_\_\_\_\_  
\_\_\_\_\_

List any environmental allergies, food allergies, or other food restrictions below:

\_\_\_\_\_  
\_\_\_\_\_

List any physical restrictions/limitations your child may have below:

\_\_\_\_\_  
\_\_\_\_\_

In general, describe your child's feelings about his/her Religious School experiences:

\_\_\_\_\_  
\_\_\_\_\_

## **MEDIA RELEASE FORM**

I understand that my child's picture may appear in newspapers, on television, on Bet Shira Congregation and Jewish Education Center websites, in Bet Shira publications, or other communication tools to promote Bet Shira.

\_\_\_\_\_ I will allow my student(s) to be photographed and included for the purposes explained above.

\_\_\_\_\_ I will not allow my student(s) to be photographed and included for the purposes explained above.

\_\_\_\_\_  
Parent or Guardian (print name legibly)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## TUITION AGREEMENT FORM 2011-2012/5771-5772

This Tuition AGREEMENT is between Bet Shira Congregation (on behalf of the Jewish Education Center) and \_\_\_\_\_ as parents (the parents are collectively referred to as the "Responsible Party" on behalf of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ ("students"). This Tuition Agreement is a legally binding contract upon acceptance by Bet Shira Congregation, 7500 SW 120<sup>th</sup> Street, Miami, FL 33156.

1. Responsible Party hereby applies for the Student/s to be enrolled in Bet Shira Congregation Jewish Education Center. Tuition Agreement is on behalf of the Student/s and pertains to enrollment in class \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, for the 2011-2012 school year. The School reserves the right to determine class placement and final admission. These decisions rest with the school director, or designee, in their absolute discretion. In the event that the Student/s are not accepted for admission by the beginning of the school year, this Application becomes null and void and all fees will be returned to the Responsible Party.
2. The Responsible Party will be liable for all fees and charges paid which will be non-refundable, unless a written notice of intent to cancel enrollment is received by the School prior to July 15, 2011. If written notice to cancel is received by July 15, 2011 all fees and charges shall be returned.
3. In the event of delinquent accounts, the Responsible Party is subject to the following possible actions in the absolute discretion of the School:
  - A. The Student's enrollment is forfeited for the following year.
  - B. Collections process is initiated.
  - C. Student may be immediately suspended.

PARENT'S/GUARDIAN'S SIGNATURE

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

Date: \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE

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

Date: \_\_\_\_\_



**TUITION AGREEMENT FORM  
2011-2012**

FAMILY NAME: \_\_\_\_\_

**TUITION RATES**

Kindergarten - 2nd Grade	Sunday	\$800
3rd - 5th Grade	Sunday/Wednesday	\$1,090
6th Grade	Sunday/Wednesday	\$1,190
7th - 8th Grade	Sunday/Wednesday	\$990
Tallit & Tefillin Only (Jewish Day School Students)	Sunday	\$100

**Please complete and return this form with \$100/child deposit by May 15, 2011.**

Child's Name	Grade	Annual Tuition	Plan Selected*

Total Tuition	_____
Late Fee (\$150/student after May 15)	_____
<i>Chaver Tov</i> * (\$36/\$54/\$118)	_____
Total Due	_____
\$100/Child Deposit Enclosed	_____
Other Amount Enclosed	_____
Balance Due**	_____

\* We invite you to help enrich our children's Jewish education by making a Chaver Tov/Good Friend donation of \$36,\$54, or \$118.

**Plan A - Full tuition due by August 1, 2011**

**Plan B - Three equal payments due in August, October and January**

**Plan C - Nine equal payments due monthly August through April**

\*\* If payment plans B or C are selected, a completed FACTS enrollment form must be included with the registration packet.

Note that all synagogue financial obligations must be kept current in order to attend the JEC. Synagogue financial obligations may be included in FACTS.

FACTS enrollment forms may be requested from the JEC office.

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**For office use only:**

Current Synagogue Member? \_\_\_\_\_



# Bet Shira Jewish Education Center

## Wednesday Cheese Pizza and Drink Order Form

September 1-December 15



**4:00PM-4:25PM** in the **school social hall** JEC students are welcome to relax with friends, hangout, do their homework and enjoy **pizza and a drink**. This year pizza must be **pre-ordered and pre-paid**.

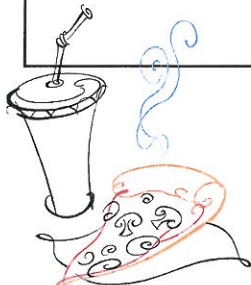
Two plans are available for the first half of the year: **Plan A** - 1 slice and a drink for \$30.00 or **Plan B** - 2 slices and a drink for \$42.00. Please select the plan for each student participating in the program and provide the totals.

**Please return form and money by August 20th to the JEC office.**

### Cheese Pizza and Drink Order (9/1-12/15)

Family Name \_\_\_\_\_

	Plan A 1 slice and drink \$30.00	Plan B 2 slices and drink \$42.00
Student 1 _____	_____	_____
Student 2 _____	_____	_____
Student 3 _____	_____	_____



**Total Cost:** \_\_\_\_\_



## Credit Card Authorization Form

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Card Type:     Visa     MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Amount authorized to be charged: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BET SHIRA JEC 2011/2012

WAIVER OF LIABILITY

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I hereby grant permission for my child to participate in all of the activities of Bet Shira Jewish Education Center (JEC).

I hereby grant permission for my child to leave the School premises under the supervision of staff members for neighborhood walks or rides in authorized vehicles.

I hereby grant permission for my child to be included in evaluations, video, and pictures connected with the Jewish Education Center program and for any such images to be used for publicity or community purposes.

I hereby grant permission for the Director, or her designee to take whatever steps may be necessary to obtain emergency medical treatment if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent or guardian through any of the persons listed on the emergency form completed for us.
4. If we cannot contact parent or child's physician, we will do any of the following:
  - (a) Contact fire rescue,
  - (b) Call an ambulance,
  - (c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number four (4) will be borne by the child's Family.
6. All health and emergency information needs to be submitted in writing to the School Office. Bet Shira will not be responsible for anything that may happen AS A Result of:
  - (a) FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.
  - (b) FAILURE TO UPDATE INFORMATION ON FILE.
  - (c) FAILURE TO SUBMIT INFORMATION.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Father/Mother or Legal Guardian)