



2021-2022

Registration Packet

Jewish Learning Center

Mandy Pavuk

Youth Engagement Coordinator

Rabbi Ben Herman

Rabbi David H. Auerbach^{z"l}

Bet Shira Congregation
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Bet Shira Jewish Learning Center

JLC Registration Form 2021-2022

**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**

Family Last Name: _____

Parent or Guardian Information

Parent or Guardian Information

Name _____

Name _____

Home Phone _____

Home phone _____

Cell _____

Cell _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Mailing Address _____ Zip _____

Please indicate any additional address for mailings:

Single: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Child 1

Child 2

Child 3

Name _____ M / F

Name _____ M / F

Name _____ M / F

Hebrew Name _____

Hebrew Name _____

Hebrew Name _____

Birthday _____

Birthday _____

Birthday _____

School Attending _____

School Attending _____

School Attending _____

Grade- 2021-2022 _____

Grade- 2021-2022 _____

Grade- 2021-2022 _____

Siblings not registered in Bet Shira Jewish Learning Center

Name _____

Age _____

AUTH Name _____

Age _____

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 _____



Bet Shira Jewish Learning Center Tuition Agreement Form 2021-2022/ 5781-5782

Congregant Name: _____

Please complete chart for the 2021-2022 school year. Please return this form with Registration by August 25, 2021

Forms can be found online. Forms can be scanned and emailed to rrittner@betshira.org

	Students Name	Grade	Plan (A, B or C)	Year Tuition
1				
2				
3				
4				
			Total:	

***If you are in need of tuition assistance, please contact Chelsea Rego, Executive Director**

		Plan A	Plan B	Plan C
			(Three Payments)	(Nine Payments)
	Grade	(One Payment)		
	Gimmel (3rd) - Zayin (7th Grade)	Sunday & Wednesday \$1,450.00	\$483.33	\$161.11
	Gan (Pre-K/Kindergarten) - Bet (2 nd Grade)	Sunday only \$1,100.00	\$366.66	\$122.22

***JLC enrollment includes membership in the Bet Shira Congregation Youth Groups.**

In order to enroll a child in the JLC, the child's parent or legal guardian must be a member in good standing of Bet Shira Congregation

A \$100 deposit for each child is required at time of enrollment.

All Synagogue commitments and fees are encouraged to be included on FACTS

Plan A – Full tuition is payable on or before August 1, 2021. If full tuition is not received by August 1st, then payment plan will automatically be switched to Plan C and enrollment fee will be changed. If Plan C is implemented, tuition will be collected through FACTS. The FACTS Payment Agreement form must be signed before child will be admitted.

Plan B – Tuition is payable in three (3) equal installments set forth above on **August 5th or 20th, November 5th or 20th and January 5th or 20th**. If Plan B is implemented, tuition will be collected through FACTS. The FACTS Payment Agreement form must be signed before child will be admitted to school.

Plan C – Tuition is payable in nine (9) equal installments set forth above commencing **August 5th or 20th and on the 5th or 20th** of each month thereafter. If Plan C is implemented, tuition will be collected through FACTS. The FACTS Payment Agreement form must be signed before child will be admitted to school.

Please contact Renee Rittner (305) 238-2601x215 or rritter@betshira.org to obtain the FACTS payment agreement

*** Youth Group Grades**

Yachad K-5

Kadima 6-8

USY 9-12



Bet Shira JLC Family Contribution Form 2021-2022/5781-5782

Family Information

Family Name	
Student's Name	
Student's Name	
Student's Name	
Student's Name	

Family Giving Contribution

Please support the Jewish Learning Center by helping us to fund the “extras” not covered through tuition including:

Holiday treats: We enjoy sharing apples and honey at Rosh Hashanah, latkes and doughnuts for Chanukah, fruits for Tu B'Shevat and hamantaschen for Purim.

Chanukah and End of year gifts for Faculty, Staff and Madrichim: We traditionally give gifts as a show of appreciation for all the hard work they do for our children throughout the school year!

Rosh HaShanah and Purim gifts for faculty and staff: In keeping with the Jewish custom of giving a small gift of sweets, we give Shira Baskets and Mishloach Manot baskets to our faculty and staff.

We ask that each Jewish Learning Center family support these efforts by making a contribution at one of three levels:

\$ 36 Chaver (friend) _____ **\$54 Chaver Tov (Good Friend)** _____ **\$72 Chaver Tov Meod (Very Good Friend)** _____

Cash

Check # _____

Credit Card

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Parent Volunteer Information

I would be interested in volunteering for the JLC and request to be contacted regarding the various opportunities.

There are many ways to become involved including:
individual class assistance, holiday event assistance, helping to serve food, and serving on the education committee

Volunteer Name	
Telephone (home)	
Telephone (business)	
Cell Phone	
E-Mail	

Medical Information



PHYSICIAN: _____ **Phone #:** _____

HEALTH INSURER: _____ **Group #** _____ **Policy #** _____

In the event the school is unable to reach any of the previously named persons, I / we give permission for the school to have my child transported to the nearest source of emergency care. I / we authorize medical records or other medical information, furnished to Bet Shira will be shared with employees and emergency personnel who have a legitimate medical purpose for accessing such records and information.

It is important for us to know, for your child's health and safety, about any medical conditions your child(ren) may have. Please include allergies, hearing and vision aids, medications, etc. Because of the rise in severe systemic and potentially fatal allergic reactions in allergic individuals, Bet Shira JLC is a peanut / tree nut free school. Add this information below.

CHILD 1 NAME: _____

INFORMATION: _____

CHILD 2 NAME: _____

INFORMATION: _____

CHILD 3 NAME: _____

INFORMATION: _____

I / We declare the information on this form is accurate and I / we will notify school administration immediately of any changes.

Parent's/Guardian's signature _____ Date _____

Parent's/Guardian's signature _____ Date _____

MEDIA RELEASE FORM

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

_____ I will allow my student(s) to be recorded, photographed or "live streamed" and included for the purposes explained above.

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

Parent or Guardian (print name legibly)

Parent or Guardian Signature

Date



BET SHIRA JLC 2021/2022 WAIVER OF LIABILITY

CHILD'S NAME _____

GRADE 2021/2022 _____

CHILD'S NAME _____

GRADE 2021/2022 _____

CHILD'S NAME _____

GRADE 2021/2022 _____

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

I hereby grant permission for my child to leave the Jewish Learning Center premises under the supervision of staff members for neighborhood walks or rides in authorized vehicles with prior notification.

I hereby grant permission for my child to be included in evaluations, video, and pictures connected with the Jewish Learning Center program.

I hereby grant permission for the Director of Jewish Learning, 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/ 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 Jewish Learning Center Office. Bet Shira will not be responsible for anything that may happen

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)