



Kehillat Torah Religious School
Temple Beth Shalom

5089 Johnstown Road
New Albany, Ohio 43054
Phone - 614.855.4882
Fax - 614.855.4689
Email - school@tbsohio.org

Kehillat Torah - Community of Learners
Religious School Registration

Parent #1 _____

Work Phone _____ Cell Phone _____

Email _____

Parent #2 _____

Work Phone _____ Cell Phone _____

Email _____

Street Address _____ City _____ Zip _____

Home Phone _____ e-mail address _____

We will use the above email addresses to contact you about school events.

_____ Please check here if you do not want the above information shared with other parents.

Mail will be sent to the above address. If duplicates of school mailings are to be sent to a parent/guardian residing at an address other than above, please fill out the following.

Name _____ Phone _____

Street Address _____ City _____ Zip _____

Student Information

Student 1

Student's Full Name _____ Age ____ Birth Date _____

Student's Hebrew Name _____

Secular School Attending _____ Grade in Sept 2009 _____

Kehillat Torah Grade in 09/10 _____ (Grades K through 10)

Hebrew Language Instruction - 3rd through 6th Grades - Choose 1 or 2 day program:

_____ Mitkadem Hebrew Two-Day

- Sundays 9:00 - 10:30 am
- Wednesday afternoons 4:00 - 6:30 p.m.

_____ One-Day Mitkadem Hebrew (Sundays 9:00 - 10:30 am)

Student 2

Student's Full Name _____ Age ____ Birth Date _____

Student's Hebrew Name _____

Secular School Attending _____ Grade in Sept 2009 _____

Kehillat Torah Grade in 09/10 _____ (Grades K through 10)

Hebrew Language Instruction - 3rd through 6th Grades - Choose 1 or 2 day program:

_____ Mitkadem Hebrew Two-Day

- Sundays 9:00 - 10:30 am
- Wednesday afternoons 4:00 - 6:30 p.m.

_____ One-Day Mitkadem Hebrew (Sundays 9:00 - 10:30 am)

Student 3

Student's Full Name _____ Age ____ Birth Date _____

Student's Hebrew Name _____

Secular School Attending _____ Grade in Sept 2009 _____

Kehillat Torah Grade in 09/10 _____ (Grades K through 10)

Hebrew Language Instruction - 3rd through 6th Grades - Choose 1 or 2 day program:

_____ Mitkadem Hebrew Two-Day

- Sundays 9:00 - 10:30 am
- Wednesday afternoons 4:00 - 6:30 p.m.

_____ One-Day Mitkadem Hebrew (Sundays 9:00 - 10:30 am)

Student 4

Student's Full Name _____ Age ____ Birth Date _____

Student's Hebrew Name _____

Secular School Attending _____ Grade in Sept 2009 _____

Kehillat Torah Grade in 09/10 _____ (Grades K through 10)

Hebrew Language Instruction - 3rd through 6th Grades - Choose 1 or 2 day program:

_____ Mitkadem Hebrew Two-Day

- Sundays 9:00 - 10:30 am
- Wednesday afternoons 4:00 - 6:30 p.m.

_____ One-Day Mitkadem Hebrew (Sundays 9:00 - 10:30 am)

ALLERGY ALERT: _____

Emergency and Medical Information Form

(This form must be filled out for each student registered.)

Child's Name _____ Age _____ KT Grade _____

Physician _____ Phone _____

Dentist _____ Phone _____

Specialist (Allergy, etc) _____ Phone _____

If I am unavailable in an emergency, please contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

The following information is to help us better understand the needs of your child. Please feel free to call us at the TBS office to further discuss these needs.

In order to accommodate teaching styles and to help your child, please describe any learning problems or issues your child may have. This should include behavior, medical or emotional issues and learning disabilities.

Does your child take medication on a regular basis that we should know about? Does your child take medication during his or her secular school day that is not taken on the weekends?

Please list any allergies your child may have. **If your child has a life threatening food allergy please be clear about treatment for exposure.** If your child has any allergy it is your responsibility to provide proper medical support in the TBS office. We will label and keep epi-pens, anti-histamines or any other needed supplies in the office for your child.

Temple Beth Shalom * 5089 Johnstown Road New Albany, OH 43054
Fax 855.4689 Email – rabbibenjy@tbsohio.org. www.tbsohioTT.com

Religious School Permission Form 2009/2010

This is a blanket permission release and assumption of risk form to cover all activities located on or off the premises of Temple Beth Shalom for the school calendar year of 2009-2010. By signing this permission form now, you are granting the school permission to include your child in all school activities without the need for separate permission forms for each activity off campus during the 2009/2010 school year.

As used herein, the term “Temple Beth Shalom” shall include, but not be limited to, Temple Beth Shalom, Rabbi Howard Apothaker, Rabbi Benjy Bar-Lev or any employee (full or part time) of Temple Beth Shalom any volunteer assisting Temple Beth Shalom, and/or any agent, employee, or licensee of any of the foregoing. The term “Student(s)” shall be (children’s names)_____. The term “guardian” shall be Students’ father and/or mother and/or legal guardian.

Guardian understands that any, identified activity in which Student(s) may participate is sponsored and/or provided in whole or in part by Temple Beth Shalom. Guardian understands that risk of harm to Student(s) may exist from various causes or events, to, including but not limited to hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and travel by automobile, bus, plane, or other conveyance.

In partial consideration thereof, and as an inducement to Temple Beth Shalom to permit Student(s) to participate in the above identified activity, Guardian hereby agrees to indemnify and hold Temple Beth Shalom harmless from any and all loss, liability, cost, expense, action, cause of action, judgment, debt, claim, and demand of every kind and nature whatsoever, whether asserted by Student(s) or any other person, firm or corporation, that may arise from or in connection with a school sponsored activity. The terms thereof shall serve as a release and assumption of risks for the Guardian, Student(s) and their respective heirs, executors, administrators and family members.

Guardian and Student(s) further acknowledge and agree that Student(s) will abide by all rules, regulations, and directives of Temple Beth Shalom. Any inappropriate conduct or behavior by the Student(s) or any violations of the rules, regulations, or directives of Temple Beth Shalom, will result in Student(s)’s removal from participation in the above identified activity as promptly as reasonably possible under the circumstances.

This Release and Assumption of Risk Form shall be construed under Ohio Law, to contain the entire understanding and agreement of the parties with respect to the subject matter hereof, and may be modified or amended only in writing signed by each of the parties hereto.

This agreement gives permission to use pictures of your child(ren) taken at TBS in the school newsletter, website and other Temple-related publications and advertisements.

Student(s) Signature(s)

Date

Parent/Legal Guardian Signature

Date

By _____
Authorized Signature, Temple Beth Shalom

Date

Please return this form signed and dated with your registration materials.

Kehilat Torah / Religious School

TUITION

Board approved May 17, 2009

Family Name: _____

Student's First Name: _____

09/10 Grade: _____

09/10 Grade: _____

09/10 Grade: _____

09/10 Grade: _____

	#	Price	Amount
Kehilat Torah / Sunday School Tuition (K - 2nd grades) \$300 per student (includes books & materials fee)	<input type="checkbox"/>	x \$300	= <input type="text"/>
Kehilat Torah / Sunday School Tuition (3rd - 10th grades) \$325 per student (includes snack and books & materials fees)	<input type="checkbox"/>	x \$325	= <input type="text"/>
Mitkadem Hebrew Program Tuition (3rd - 6th grade only) One Day per Week Program \$440 per student	<input type="checkbox"/>	x \$440	= <input type="text"/>
Two Day per Week Program \$550 per student	<input type="checkbox"/>	x \$550	= <input type="text"/>
Donation to Scholarship Fund Suggested contribution of \$18 per family <i>This fund helps families in need send children to our program!</i>			= <input type="text"/>
Sub-Total (Tuition, Fees & Contribution)			= <input type="text"/>
Minimum Deposit \$100 per student <i>Please enclose the minimum deposit of \$100 per student, deposits and enrollment forms are due by 6/30/09</i>	<input type="checkbox"/>	x (\$100)	= <input type="text"/>
Sub-Total (Tuition, Fees & Contribution Less Deposits)			= <input type="text"/>
Additional Payment <i>Please feel free to enclose any additional tuition payment</i>			= <input type="text"/>
Balance Due <i>The tuition balance is due-in-full by 8/31/09 unless other arrangements are made (e.g. auto payment)</i>			= <input type="text"/>

Payment enclosed

[] Check # _____ in the amount of \$ _____

[] Please charge my [] Visa [] M/C [] AmEx [] Discover credit card in the amount of \$ _____

#: _____ Expires: ____ / ____

Name: _____ Signature: _____ Date: ____ / ____ / ____