



Part 1: Household / Family Information

Parent/Guardian Information

Parent 1

I'd like to be a parent ambassador (see FAQs for details)

First Name

Last Name

Hebrew Name

Email Address

Cell Phone

Opt-out from text notifications

Occupation

Work Phone

Street Address

City

State

Zip Code

Home Phone

Parent 2

I'd like to be a parent ambassador (see FAQs for details)

First Name

Last Name

Hebrew Name

Email Address

Cell Phone

Opt-out from text notifications

Occupation

Work Phone

Street Address (if different from above)

City

State

Zip Code

Home Phone

Health Insurance Information

Medical Insurance

Policy/Group #

Pediatrician

Pediatrician's Phone

Household Information

Are you members of Beth Zion-Beth Israel?

Yes No

Other than the parent(s) listed on this form and any child(ren) you are enrolling at Neziner Hebrew School, who else is a part of your household? (For example, grandparents, stepparents, other siblings, etc.)

Name

Relationship

Name

Relationship

Are there custody or payment arrangements BZBI needs to be aware of?

Yes No



Part 2: Child(ren) Information

Child(ren) Information

Child 1

First Name

Last Name

Nickname

Hebrew Name (please contact us if you are unsure)

Date of Birth

Gender

Education Information

Secular School

Grade in Secular School (as of Sep' 2018)

Grade in Neziner * (as of Sep' 2018)

* **Neziner Hebrew School Grades:** Bonim (Pre-K) Gan (Kindergarten) Alef (1st Grade) Bet (2nd Grade) Gimel (3rd Grade) Dalet (4th Grade) Hey (5th Grade) Vav (6th Grade) Zayin (7th Grade) Sole'lim (8th Grade) Hebrew High (9th Grade) Confirmation (10th Grade) Hebrew Ma'agalim (Shabbat Only, Day School Students)

Is the child new to Neziner Hebrew School? Yes No

Does the child have previous experience with Jewish education? (Please check all that apply)

Jewish Preschool Jewish Day School Jewish Summer Camp Other supplementary program
 Other _____ No previous experience with Jewish education

Please tell us a few of your child's strengths:

Please share some examples of what your child finds challenging:

Confidential Health Information

Does the child take any medications? Yes No If "yes", please list all medications below

Does the child have any allergies? Yes No If "yes", please list all allergies below

EpiPen? Yes No

Please list any health, learning or other needs of which we need to be aware, including if there is an IEP, 504, or if your child is under regular care of a physical or mental health professional

I prefer to provide this information in person

Individual Statements

- My child has permission to be dismissed unaccompanied by an adult (5th grade and older)
- My child will *not* be participating in the *Adasha* class (Alef-Dalet: Wednesday, Hey-Zayin: Monday, see FAQs for more details)
- My child will be registering in the youth group (3rd-7th grade: Kadima, 8th-12th grade: USY)



Part 3: Authorizations and Waivers

Emergency Information and Authorization

In case of an emergency, the school will make every effort to first notify the parent(s) or guardian(s). In the event that neither can be reached, who should be contacted?

_____	_____	_____	_____
Name	Relationship	Home #	Cell #
<input type="checkbox"/> This person is also authorized to pick up my child(ren)			

_____	_____	_____	_____
Name	Relationship	Home #	Cell #
<input type="checkbox"/> This person is also authorized to pick up my child(ren)			

I understand that the school shall make every effort to first notify the parents or guardians in the event of a medical emergency. If this is not possible and the situation necessitates immediate action, I authorize the administrator and staff of the Neziner Hebrew School to obtain care and treatment for the child, including first aid and/or hospitalization.

Pick Up Information

Other the parent(s), guardian(s) and/or adults listed above, please list anyone else who is authorized to pick up your child(ren)

_____	_____	_____	_____
Name	Relationship	Home #	Cell #
_____	_____	_____	_____
Name	Relationship	Home #	Cell #

Permissions

Field Trips

I give permission for my child(ren) to participate in supervised walks around the synagogue and scheduled field trips throughout the school year. Yes No

Photography

I give permission for my child(ren) to be photographed for in school use or for use in promotional materials for the school. Yes No



Part 4: Payment and Signature

Payment Information

Your tuition payment helps offset the cost of running our education program. It covers registration, books, snacks, supplies and other related expenses.

A minimum deposit of \$100 is due upon submitting this form. Tuition should be paid in full by the first day of school.

Tuition cost for the 5779 (2018-2019) school year

Bonim (Pre-K)	\$36 Suggested Donation
Gan (Kindergarten)	\$925
Alef (1 st Grade) – Zayin (7 th Grade)	\$1,425
Solelim (8 th Grade) – Confirmation (10 th Grade)	\$1,075
Shabbat Hebrew Ma’agalim Only (Jewish Day School Students)	\$360 Suggested Donation

I agree to pay tuition in full or as billed by the office.

The Youth and Family Parent Teacher Association (PTA) is a dedicated group of parents whose activities enhance the life of our program throughout the year. The PTA raises money for special projects, organizes an array of holiday and community events for students and families, and gives holiday and end-of-year gifts to our devoted teaching staff. Your contribution is extremely important to achieve the PTA programming and fundraising goals.

Please include a \$36 family contribution to the PTA

As you may know, tuition for Neziner Hebrew school only covers about 65% of the program’s total budget. If you would like and are able to help cover part of the remaining 35% of Neziner’s operating costs, please consider making an additional contribution.

Please add a tax-deductible donation to my bill in the amount of _____ \$

Method of Payment

Check enclosed: Deposit only Full tuition PLUS PTA Contribution Tax-deductible donation

Credit Card*: Deposit only Full tuition PLUS PTA Contribution Tax-deductible donation

**A 2.5% convenience fee will be added to any credit card payment*

Signature

I confirm that all the information provided in this form is true, and I understand that by signing it I acknowledge and agree to all the above statements.

Parent 1 Signature

Date

Parent 2 Signature

Date