Part 1: Household / Family Information

Parent/Guardian Information

Parent 1   ☐ I give permission to share my contact information in class/school directories

_____   _____   _____
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 give permission to share my contact information in class/school directories

_____   _____   _____
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 (If you would like help in choosing a   Date of Birth   Gender
Hebrew Name for your child, please reach out to us.)

Education Information

_____   _____   _____
Secular School   Grade in Secular School (as of Sep' 2019)   Grade in Neziner * (as of Sep' 2019)

* **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)

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 _____ ☐ 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 #

☐ This person is also authorized to pick up my child(ren)

Name	Relationship	Home #	Cell #

☐ 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 5780 (2019-2020) school year

____	Bonim (Pre-K)	$180
____	Gan (Kindergarten)	$925
____	Alef (1st Grade) – Zayin (7th Grade)	$1,425
____	Solelim (8th Grade)	$1,075

☐ 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**