



## REGISTRATION INFORMATION

### Congregational School classes begin on **SUNDAY, SEPTEMBER 20, 2015.**

(Please Note: Tutorial Program begins the week of September 7, 2015)

Thank you for choosing Beth Tzedec Congregational School. In order to register your child for the 2015-2016 school year, please take note of the following:

1. A registration form is required for **each** child.
2. Each registration package *must* be accompanied by the following:
  - A deposit of \$150 for each child;
  - A payment of 50% of the outstanding tuition, post-dated October 20, 2015; and
  - The balance of tuition, post-dated no later than December 30, 2015.

Payment arrangements can be either in the form of **post-dated cheques** or **pre-authorized credit card payments**. Beth Tzedec accepts VISA or Mastercard.

3. Cheques should be made payable to: *Beth Tzedec Congregation*. **Please note that tuition is tax deductible and that a tax receipt will be issued in early 2016 for all tuition payments.**
4. In the case of financial need, an application for tuition assistance may be obtained from the School Office and should be submitted along with the registration package.
5. Although we take requests regarding class assignments very seriously, we cannot guarantee that every request will be honoured.

**NO STUDENT WILL BE ADMITTED TO CLASS WITHOUT PAYMENT ARRANGEMENTS FOR THE FULL TUITION AMOUNT ALONG WITH THE COMPLETED REGISTRATION FORMS.**

*Please see reverse for Fee Schedule and Refund Policy information.*



## FEE SCHEDULES AND REFUND POLICY

The 2015-2016 tuition schedule appears below. Please note that tuition is tax deductible and that tax receipts will be issued in early 2016 for all tuition payments.

### TUITION SCHEDULE

GRADE	MEMBERS	NON-MEMBERS
Gan (JK/SK)	\$575	\$785
Aleph & Bet (1-2)	\$650	\$885
Gimel-Zayin (3-7)	\$1025*	\$1,590*

### Please Note:

A \$150 deposit per child is required for each child registered. Post-dated or pre-authorized payments for the balance of tuition **must accompany registration forms or your child will not be admitted to class the first day.**

\* The above rates reflect Sunday classes at Beth Tzedec and one hour of weekday tutorial instruction held either at Beth Tzedec, online through the Portal for Online Learning, or through at-home tutorials in groups of three students or larger.

For two students per at-home weekday tutorial session, an extra tuition charge of \$200 will apply.

For individual at-home weekday tutorial instruction, an extra tuition charge of \$400 will apply.

The Congregational School will do its utmost to accommodate requests for group learning.

### REFUND POLICY

The refund policy for a student who is withdrawn from the Congregational School prior to, or during, the 2015-2016 school year is as follows:

**Prior to the first day of school:** A full refund, minus a \$35 administration fee.

**From the first day of school through October 20:** A full refund, minus \$150 deposit.

**After October 20:** Refunds will no longer be available.

Please submit these forms (pages 1-6 of application) to us either by mail:

Beth Tzedec Congregation, Attn: Congregational School, 1700 Bathurst St. Toronto, ON M5P 3K3

or fax: 416-781-0150, or via email at [education@beth-tzedec.org](mailto:education@beth-tzedec.org)

### REFER A FRIEND OFFER

For all returning families, if you refer a new student we will deduct \$75 from your tuition as a thank you.



**2015-2016 ADMISSION APPLICATION**

Student Name (Last / First): \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Congregational School Grade (2014-2015): \_\_\_\_\_ Birthdate (YY/MM/DD): \_\_\_\_\_

Previous Jewish Education: \_\_\_\_\_

Public School (2015-2016): \_\_\_\_\_ Grade (2015-2016): \_\_\_\_\_

Members of (Synagogue Name): \_\_\_\_\_

Camp Attended (Summer 2015): \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

Please check here to receive email notices from the synagogue regarding upcoming events, programs, etc.

Do you have any requests regarding your child's class assignment? \_\_\_\_\_

FAMILY INFORMATION:

Child lives with:  Mother  Father  Both  Other

Parents' Marital Status:  Married  Divorced  Separated  Widowed  Other

*If parents are not living together, it is our practice to communicate with both parents unless a different arrangement is requested in writing.*

Mother

Father

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

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

Title (Ms./Mrs./Dr.): \_\_\_\_\_

Title (Mr./Dr.): \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

e-mail: \_\_\_\_\_

e-mail: \_\_\_\_\_

*Providing us with your email address helps us keep you readily informed of upcoming programs or changes to schedules.*

Siblings (Name(s) & Date of Birth): \_\_\_\_\_



**EMERGENCY / MEDICAL INFORMATION:**

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Health Card Number / Version Code: \_\_\_\_\_

Person to contact in case of emergency, if parents are unavailable:

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Are there any allergies or medical concerns we should be aware of? \_\_\_\_\_

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

May we offer your child a band-aid and antiseptic for a minor cut or scrape? \_\_\_\_\_

Is there anything else you would like us to be aware of? \_\_\_\_\_

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

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT:**

I understand that although the school and its staff will exercise reasonable care in the supervision of my child, accidents and mishaps may occur. In the case of a medical emergency concerning my child, I give my permission for my child to be transported and admitted to the nearest medical facility and I agree to pay all costs incurred by the school in obtaining emergency medical care for my child. In addition, I hereby release the school and its employees and agents from all liability in respect of obtaining any such medical care. I understand and agree that the school is not liable for anything that may occur due to my providing incorrect information or my failure to give full information regarding the physical condition of my child. By signing this Admission Application, I also signify that I have custody or legal guardianship of the child for which this application is submitted.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## PARENTAL CONSENT AND RELEASE FOR SCHOOL EXCURSIONS

As part of the educational program at the Beth Tzedec Congregational School, students are taken off school property from time to time. This may include trips to other Jewish organizations in the area. Excursions may also include visits to museums, cultural or historic sites, and private homes (e.g., to visit a Sukkah). On such excursions, staff members of the school supervise the children, occasionally with the assistance of parents. Transport may be on foot, by TTC, by parents' cars, or by hired bus or taxi.

Below we have provided a form for you to give consent for your child's participation in excursions as described above. All excursions covered by this form are to take place during regular school hours with the exception of a late return due to an unanticipated delay. A special consent form will be used for any excursions which extend beyond the regular school time-frame by more than half an hour.

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### I hereby give my permission for:

Child 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Child 2: \_\_\_\_\_ Grade: \_\_\_\_\_

Child 3: \_\_\_\_\_ Grade: \_\_\_\_\_

to be taken on excursions (as generally described above) with his/her class while a student at the Beth Tzedec Congregational School during the 2015-2016 school year.

I understand that the children will be supervised (as generally described above) during such excursions and that this consent does not extend to overnight or other special excursions for which my specific consent will be sought.

I understand that, although the school and its staff will exercise reasonable care in the supervision of my child, accidents and mishaps may occur. I hereby release the Beth Tzedec Congregational School and its agents from any claim which I might otherwise be entitled to assert against them for any injury or loss suffered by my child in conjunction with excursions in which he/she participates.

I understand and agree that the school is not liable for anything that may occur due to my providing incorrect information, or my failure to give full information, regarding the physical condition of my child.

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



**PHOTO CONSENT & RELEASE**

I, the undersigned, consent to the use of moving or still pictures and/or film or video footage (collectively, the "Photos") of myself by Beth Tzedec Congregation ("Beth Tzedec") for promotional purposes, in exterior signage, in Beth Tzedec publications and marketing materials, and on Beth Tzedec's website, in order to promote Beth Tzedec to its membership and to the public.

By signing below, I confirm that I am in agreement with the following:

1. I hereby give permission to Beth Tzedec to use the Photos, including my name, image, voice and photographic likeness, without payment or compensation or any other consideration, in all forms and media, for advertising, publicity or programming purposes, and any other lawful purposes, now or hereafter known, throughout the world in perpetuity.
2. I hereby release and forever discharge Beth Tzedec from any and all claims, demands or causes of action which might be made by me, in any way connected with the Photos or the use of the Photos (as described above).
3. I am over the age of 18 or, if I am not, my parent or guardian has signed below.

Name of student(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Name of parent/guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_, 2015



**TUTORIAL PROGRAM APPLICATION FOR GRADES 3-7**

Dear Parents,

Re:

Student (First/Last Name): \_\_\_\_\_ Grade \_\_\_\_\_

Student (First/Last Name): \_\_\_\_\_ Grade \_\_\_\_\_

Student (First/Last Name): \_\_\_\_\_ Grade \_\_\_\_\_

Please select your preference of the following options:

1. \_\_\_\_\_ Wednesday In-Class tutorial (please select preferred time)

4:30-5:30 pm \_\_\_\_\_

5:30-6:30 pm \_\_\_\_\_

2. \_\_\_\_\_ At Home Tutorial (please select preferred days and times.)

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
PREFERRED TIMES				

3. \_\_\_\_\_ **Grades 4-7 only** Online Live Virtual Classroom Tutorial (please select preferred days and times.)

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
PREFERRED TIMES				

We will do our best to accommodate your request. If you have any questions or concerns, please email us at [education@beth-tzedec.org](mailto:education@beth-tzedec.org).



**PRE-AUTHORIZED CREDIT CARD/CHEQUE PAYMENT PLAN**

Parent Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Member Family: Y / N Member Account # \_\_\_\_\_

Student Name	Grade	Course Fee	Tutorial Fee	Discount	Total
<b>TOTAL</b>					

I authorize the following payment to my credit card / I have enclosed the following cheques:

Date	Cheque # (if applicable)	Amount
<b>TOTAL</b>		

VISA     MasterCard    Expiry Date: \_\_\_\_\_

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Cardholder's Name (Please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's Telephone Number: \_\_\_\_\_