



REGISTRATION INFORMATION

Congregational School classes begin on
SUNDAY, SEPTEMBER 8, 2013.

Thank you for choosing Beth Tzedec Congregational School. In order to register your child for the 2013-2014 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, 2013; and
 - The balance of tuition, post-dated no later than December 30, 2013.

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 2014 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 2013-2014 tuition schedule appears below. Please note that tuition is tax deductible and that tax receipts will be issued in early 2014 for all tuition payments.

TUITION SCHEDULE

GRADE	MEMBERS	NON-MEMBERS
Gan (JK/SK)	\$545	\$755
Aleph (1)	\$620	\$855
Bet-Zayin (2-7)	\$995	\$1,545

Please Note:

A \$150.00 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.***

REFUND POLICY

The refund policy for a student who is withdrawn from the Congregational School prior to or during the 2013-2014 school year is as follows: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.



Beth Tzedec Congregational School

קהילת בית-צדק

ADMISSION APPLICATION – 2013/2014

Student (Surname / First): _____ Hebrew: _____

Congregational School Grade (2012-2013): _____ Birthdate (YY/MM/DD): _____

Previous Jewish Education: _____

Public School (2013-2014): _____ Grade (2013-2014): _____

Members of (Synagogue Name): _____

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: _____

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 & Date of Birth): _____

- Please check here if you would like your child's address and phone number to be included on a list made available to other Congregational School families.
- Please check here if you would like your address and phone number to be included on a **carpool list** that will be distributed to other parents in the school.
- Please check here if you would like to receive email notices from the **synagogue** regarding upcoming events, programs, etc.

~ Please complete reverse ~

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:** _____

NOTE: The Admission Application continues with Part II: *Parental Consent and Release for School Excursions.*

ADMISSION APPLICATION 2013-2014 – PART II

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.

Please submit this form along with the Admission Application.

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 2013-2014 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: _____

Beth Tzedec Congregational School

SENIOR RABBI
BARUCH FRYDMAN-KOHL

EXECUTIVE DIRECTOR
RANDY E. SPIEGEL

DIRECTOR OF EDUCATION
AND FAMILY PROGRAMMING
DANIEL SILVERMAN

Hebrew Tutorial Program Schedule Request Form For Grades 2-7

Dear Parents,

Please select your preference of the following options:

1. _____ In Class tutorial (please see below)
2. _____ At Home Tutorial (we will call to coordinate schedule)

For Grades 4-7 we have the following additional option:

3. _____ Online Live Virtual Classroom Tutorial (we will call to coordinate schedule)

For In Class tutorials, please select your preferred time for the Hebrew class. Please list your first and second choice.

Student (*First/Last Name*): _____ Grade _____

Wednesdays
4:30-5:30 pm _____
5:30-6:30 pm _____

Student (*First/Last Name*): _____ Grade _____

Wednesdays
4:30-5:30 pm _____
5:30-6:30 pm _____

Student (*First/Last Name*): _____ Grade _____

Wednesdays
4:30-5:30 pm _____
5:30-6:30 pm _____

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

