

Grade: _____

Date Rec'd: _____

Rec' by: _____

Beit Sefer Phyllis Mintzer (BSPM) 2017-2018 Registration Form

STUDENT & FAMILY INFORMATION

STUDENT 1

New Student Returning Student

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Gender: _____ Preferred pronoun: _____

Grade in Fall 2017 _____ Name of Public/Day School _____

STUDENT 2

New Student Returning Student

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Gender: _____ Preferred pronoun: _____

Grade in Fall 2017 _____ Name of Public/Day School _____

STUDENT 3

New Student Returning Student

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Gender: _____ Preferred pronoun: _____

Grade in Fall 2017 _____ Name of Public/Day School _____

Adult 1:

Email: _____

Address: _____

Telephone: Home #: _____ Work #: _____ Cell Phone #: _____

Adult 2: _____

Email: _____

Address: _____

Telephone: Home #: _____ Work #: _____ Cell Phone #: _____

If this child has two households, would you like school material sent or emailed to both addresses? Yes No

**Please be sure to list current email address(es). We send electronic communications on a weekly basis, including class updates, event announcements, reminders and more.*

MEDICAL & EMERGENCY INFORMATION

Person other than parent to contact in case of Emergency (Mandatory to list at least one, two is better!)

Name/Relationship: _____ Cell# _____ Other # _____

Name/Relationship: _____ Cell# _____ Other # _____

Physician Name: _____ Phone # _____

Health Insurance Company: _____ Policy # _____

DOES YOUR CHILD HAVE LIFE THREATENING ALLERGIES? IF SO PLEASE DESCRIBE BELOW, PLEASE ALSO LIST WHICH STUDENT YOU ARE REFERRING TO USING THEIR NAME

DOES YOUR CHILD HAVE ANY OTHER ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION WE SHOULD KNOW? IF SO PLEASE DESCRIBE BELOW AND PLEASE ALSO LIST WHICH STUDENT YOU ARE REFERRING TO USING THEIR NAME

DOES YOUR CHILD HAVE SPECIAL ACCOMMODATIONS IN SECULAR SCHOOL? YES/NO

IF YOU CIRCLED YES, WE WILL CONTACT YOU TO ARRANEG A MEETING BETWEEN YOUR CHILDS TEACHER AND THE EDUCATION DIRECTOR, TO ALLOW US TO MAKE A PLAN TO CREATE A SUCCESFUL LEARNING ENVIRONMENT FOR YOUR CHILD

IF YOU CIRCLED YES, TO WHICH CHILD(REN) ARE YOU REFERRING TO? _____

MEDICAL CONSENT/FIELD TRIP PERMISSION

I, the undersigned, authorize Congregation Sha’ar Zahav to call a physician or seek emergency room treatment as necessary for any of my children in case of any emergency and agree to pay all expenses incurred. I also permit my child(ren) to attend all planned trips arranged by **BSPM, Youth Groups, or Congregation Sha’ar Zahav, and release Sha’ar Zahav, its officers, agents and employees from any and all liability arising out of my child’s participation in such activity.** (This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.)

Child(ren) Full Name: _____

Parent Signature **Date**

PHOTOGRAPH CONSENT

Occasionally photos of your student might be included on our web site or other Sha’ar Zahav/Beit Sefer Phyllis Mintzer printed publications. Images will never include any name or other identifying information. **Please sign in the space below to give us your consent to publish in print, electronic, or video format the likeness or image of your child(ren).**

Child(ren) Full Name: _____

Parent Signature **Date**

Beit Sefer Phyllis Mintzer (BSPM)

BSPM Tuition and Enrollment Agreement 2017-2018

- Full tuition applies for the first child enrolled at BSPM. Fees for additional children in that household will be reduced by 10%. Discount is not taken on B'nei Mitzvah Fee
- Students scheduled to become B'nei Mitzvah must be enrolled at BSPM in that year, customarily in seventh grade.) Tuition for seventh grade does not include an additional B'nei Mitzvah fee.
- Membership in Congregation Sha'ar Zahav is required for families registering students in Fourth through Seventh grades.
- Jewish education is a sacred enterprise wherein we transmit our tradition l'dor v'dor, from generation to generation. We live our tradition by creating a learning environment that exemplifies our Jewish values.
- Including in those values is our founding as an LGBTQ Synagogue. We now not only welcome, but embrace all families

ENROLLMENT AGREEMENT

Please initial on the lines below

____ I understand that Congregation Sha'ar Zahav membership is required for Beit Sefer Phyllis Mintzer enrollment from the 4th grade and forward.

____ By signing below, I understand that I am committing to enrolling my child in the Beit Sefer Phyllis Mintzer program for the 2017-2018 school year at Congregation Sha'ar Zahav. I understand that membership is required from 4th grade and up, and I agree to pay the tuition below along with membership. There are no refunds on school tuition.

TUITION FOR ALL STUDENTS FOR THE 2017-2018 SCHOOL YEAR IS \$950

THERE IS AN ADDITIONAL \$500 B'NEI MI TZVAH FEE WHICH COVERS ADDITIONAL ADMINISTRATIVE COSTS

TUITION FEES MUST BE PAID UP FRONT OR IN TWO EQUAL PAYMENTS, ONE DUE AT TIME OF ENROLLMENT AND ONE DUE BY OCTOBER 1ST.

A \$100 LATE FEE WILL BE ADDED PER CHILD FOR FORMS RECEIVED AFTER AUGUST 21, 2017

NO ONE IS TURNED AWAY FOR FINANCIAL REASONS, OTHER PAYMENT ARRANGEMENTS AND SCHOLARSHIPS ARE AVAILABLE TO THOSE IN NEED. PLEASE CONTACT THE EDUCATION DIRECTOR AT EDUCATION@SHAARZAHAV.ORG FOR MORE INFORMATION

| Tuition is \$950 for the first child and \$855 for each additional child (lower price reflect 10% discount) | Child's Grade | Tuition or Donation Amount |
|---|---------------|----------------------------|
| Child's Name (1) | | \$ |
| Child's Name (2) | | \$ |
| Child's Name (3) | | \$ |
| \$500 B'nei Mitzvah fee if child is entering 7 th grade | N/A | \$ |
| Donation to Scholarship Fund | N/A | \$ |
| Late Fee, \$100 per child if turned in after 8/21/17 | N/A | \$ |
| Total Commitment | N/A | \$ |
| Total Enclosed | | (\$) |
| Balance Still Due (Must pay by October 1st unless other arrangements have been made with the Education Director | | \$ |

PAYMENT PLAN OPTIONS

I agree to the following payment plan for BSPM tuition for the 2017-2018 school year:

- Payment in Full
 Two Installments
 1. 50% of Balance Due now
 2. 50% of Balance Due on October 1, 2017

METHOD OF PAYMENT

I would like to make my installment payments as follows: (Please select one)

- Check made out to Congregation Sha'ar Zahav
 Credit Card

CREDIT CARD AUTHORIZATION

Name (as it appears on card): _____

Billing Address: _____ City _____ State: _____ ZIP _____

Card Number: _____ Expiration Date: _____ V code: _____

Amount: \$ _____ Card Holder Signature: _____ Date: _____

****Please Note: Congregation Sha'ar Zahav charges a \$25 returned check fee for insufficient funds in your account.**