

April 12, 2010
28 Nisan 5770

Dear Parents,

Registration is currently under way for the academic year of 2010-2011. On behalf of the entire Beth El family, we look forward to another great year at Beth El Religious School.

You will notice that we have not increased tuition fees for 2010-2011 school year. However, we have changed the payment structure. You will now have 3 options to pay. Option 1-in full, Option 2-via bank transfers or Option 3-automatic credit card payments. Please refer to the Financial Record Form (yellow) in your packet for details.

Please complete all the necessary forms and submit them with a **\$175.00 non refundable tuition deposit per child**. (For children in Gan (Kindergarten) a **\$100.00 non refundable material fee** is required for each child.)

Registration is due by May 16, 2010. After May 16th a late fee of \$30.00 per child will be added to your bill.

PLEASE NOTE:

- **Your registration can only be accepted if you are current with your payments to Congregation Beth El.**
- **SYNAGOGUE MEMBERSHIP IS REQUIRED FOR ALL FAMILIES WHO HAVE CHILDREN IN ALEPH (1ST GRADE) THROUGH HEBREW HIGH IV (10TH GRADE).**

Please make check payable to Beth El Religious School.

Scholarship information is available upon request – Please contact our office to make arrangements – 675-1166.

Enclosed in this registration packet are as follows:

- (1) 2010-2011 Tuition Schedule (Blue)
- (2) Registration Form (White) – **Please complete BOTH sides.**
- (3) Financial Record Form (Yellow) - **PLEASE COMPLETE & SELECT PAYMENT PLAN. THIS MUST BE COMPLETED IN ORDER TO PROCESS YOUR CHILD'S REGISTRATION.**
- (4) Pre-Authorize Transfer Agreement (Cream)
- (5) Credit Card Payment Plan Authorization Form (Pink)
- (6) Transportation Request (Green)
- (7) Schedule of Classes for 2010-2011 year (Purple)

Looking forward to another great year in 2010-2011.

B'Shalom,
Yaffa Fuchs, Educational Director

BETH EL RELIGIOUS SCHOOL TUITION SCHEDULE 2010-2011

- A \$175.00 NON REFUNDABLE tuition deposit is required with each child's registration.
(For children in Gan (K) – a \$100.00 NON REFUNDABLE material fee is required.)
 - *Registration is due by May 16, 2010.*
 - After May 16, 2010 a late fee of \$30.00 per child will be added to your bill.

Unless prior arrangements are made **TUITION MUST BE PAID BY ONE OF THREE OPTIONS AS PER FINANCIAL RECORD FORM.** (in full, via ACH or Credit Card in 6 monthly payments)

- After September 1, 2010 Tuition for the 2010-2011 School Year is **NON REFUNDABLE.**
- *SCHOLARSHIPS ARE AVAILABLE BASED ON FINANCIAL NEED.
(Please contact the Financial Secretary for a Scholarship Form.)*
- **Synagogue membership is required for all grade levels except Gan (K)**

RELIGIOUS SCHOOL TUITION FEES

GAN - \$100.00 per child (*material fee only*) – 5 years old, attend kindergarten
(Sunday only)

ALEPH – \$375.00 per child - 1st grade in public school (Sunday only)

BET – \$750.00 per child - 2nd grade in public school
(Sunday & 1 mid-week afternoon)

GIMMEL, DALED & HEY - \$900.00 per child – Gimmel–3rd Grade, Daled–4th Grade,
Hey–5th Grade (Sunday & 1 mid-week afternoon)

VAV - \$925.00 per child (*Includes fees for Vav Graduation*)
6th grade in public school (Sunday & 1 mid-week afternoon)

HEBREW HIGH 1, 2, 3 – Members - \$900.00 per child, Non Members - \$1250.00*
HH 1 – 7th grade, HH 2 – 8th grade, HH 3 – 9th grade (Tuesday & Thursday evening)

HEBREW HIGH 4 - \$950.00 per child, Non Members - \$1300.00*
(*includes fees for Confirmation*)
10th grade in public school (Tuesday & Thursday evening)

* **Families must be members of another Synagogue for their children to attend
Beth El's Hebrew High School.**

PROJECT LEV – Members - \$375.00 - Non-Members - \$550.00

Please note:

- A 7% discount for tuition only will be given to member families with 2 children (grades 1 through 10 only) attending Religious School.
- A 10 % discount for tuition only will be given to member families with 3 or more children (grades 1 through 10 only) attending Religious School.

BETH EL RELIGIOUS SCHOOL

REGISTRATION FORM 2010-2011

CHILD'S LAST NAME _____

E-Mail Address (Mother) _____ (Father) _____

A \$175.00 Non Refundable Tuition Deposit is required with each child's registration.
For children in Gan (Kindergarten) - \$100.00 Non Refundable Material Fee is required.
Tuition Deposit is due by May 16 2010. After May 16, 2010, a late fee of \$30.00 per child will be added to your bill.
Tuition for the 2010-2011 School Year is NON REFUNDABLE after 9/1/10

List all children to be enrolled (including Date of Birth, Sex, Hebrew Name & School information).
 Please note that your child(ren) may already be assigned to a class. If you need to make any corrections, please indicate by making the correction on this paper and contacting the office at 675-1166.

Child's Full Name	M/F	DOB	Class Assigned	Days	Hebrew Name
1.					
2.					
3.					

Child's Name - for each registered child as of 9/2010	PUBLIC SCHOOL & Grade as of 9/2010	Last HEBREW SCHOOL (other than Beth EI)	Years Attended	Last Grade Completed
1.				
2.				
3.				

Child's Home Address: _____
Street City/State/Zip

Home Phone # _____ Other E-mail Address _____

Parents' Status: Married Divorced Separated Widowed

(If separated or divorced, child lives with: Mother Father (Other) _____)

If other, address: _____

FATHER'S INFORMATION

Full Name _____ Hebrew Name: _____

Address other than above _____

Occupation: _____ Business Name: _____

Business Phone _____ Cell Phone: _____

MOTHER'S INFORMATION

Full Name _____ Hebrew Name: _____

Address other than above _____

Occupation: _____ Business Name: _____

Business Phone _____ Cell Phone: _____

I (We) agree to have my name, address, and telephone # listed in a BERS Directory: YES NO

Are you currently a member of Beth EI? Yes No If no, Synagogue affiliation: _____

Are you applying for a Religious School Scholarship? Yes No

(OVER)

List all other siblings not currently registered:

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

***SPECIAL NEEDS INFORMATION:**

*** Parents, if you don't tell us about your child, we will be unable to give your child the help he/she needs.**

Are there any concerns of which the Religious School needs to be aware? _____

Please comment on below or on a separate paper -- List child's name and information. This information will remain strictly confidential.

_____ Health issues: allergies, e.g., foods, bee stings; hearing or visual problems; frequent need to use bathroom; nosebleeds; chronic illnesses; etc.

_____ Learning issues: in reading, writing, comprehension, organization, speech/language, attention, memory, etc.

_____ My child _____, has an I.E.P. in Public School due to _____.

_____ I/We would like an appointment with the Director to discuss further this information.

COMMENTS:

EMERGENCY INFORMATION:

Child's Physician Information – (List Child, Physician's Name & Telephone #)

1. _____
2. _____
3. _____

Child's Dentist Information – (List Child, Dentist Name & Telephone #)

1. _____
2. _____
3. _____

Permission is granted for the following:

Photographs of child(ren) to be taken while at Beth El Religious School and/or Beth El sponsored activities to be used both internally and externally for publicity purposes.

My child to be transported by school bus for Religious School sponsored school trips.

In case of emergency, and a parent/guardian cannot be reached, I grant permission to the Principal, Rabbi or person designated in charge to call doctor/dentist or take child to the hospital to receive appropriate emergency treatment? Hospital Recommendation: _____

In case of emergency, and a parent/guardian cannot be reached, I grant permission to the Principal, Rabbi or person designated in charge to contact the following person(s):

NAME	RELATIONSHIP	TELEPHONE #

I give permission for my child to be picked up by the following person(s) – (Name & Tele #)

1. _____
2. _____

Parent Signature: _____ Date: _____

**BETH EL RELIGIOUS SCHOOL
FINANCIAL RECORD 2010-2011**

BILLING NAME - _____

E-Mail Address: (Mother) _____ (Father) _____

Child(ren) Registered: (Full name)

1. _____ 2. _____

3. _____ 4. _____

NAME AND ADDRESS WHERE RELIGIOUS SCHOOL BILL SHOULD BE SENT:

Father's Last Name: Mr./Dr. _____, First _____

Mother's Last Name: Mrs./Ms./Dr. _____, First _____

Address: _____
No. & Street City/State / Zip

Phone: Home _____ Business (F) _____ Business (M) _____

Cell Phone (F) _____ Cell Phone (M) _____

Beth-El Member: ____ Yes ____ No Applied for Scholarship: ____ Yes ____ No

**Tuition Deposit (NON-REFUNDABLE)
Required (\$175.00 Grades 1-10) (\$100.00 – Kindergarten)
Tuition Deposit required at time of registration.**

Please indicate your choice of payment from the 3 options below:

_____ **Option 1:** Payment in full (circle a or b below)

a. In cash or check – Due May 16. (3% paid in full tuition discount applies)

b. Payment in full using Credit Card – Due May 16 (no credit fees or 3% discount)

If paying by credit card please complete:

Credit Card Number _____ Security code ____ Expiration Date _____

Master Charge ____ Visa ____ Amer. Express ____ Amount to be Charged _____

Parent's Signature _____ Date _____

_____ **Option 2:** Sign up for ACH payments at time of registration (**ACH Form included in Registration Packet must be completed with signature.** To determine monthly payments see Financial Worksheet in back of this page)

These will automatically be deducted in 6 monthly payments from the bank account you designate. First payment after deposit will take place July 1 and end Dec 1.

_____ **Option 3:** Sign up for Credit Card monthly payments (Complete Credit Card Payment Authorization Form in registration packet). **A one time Credit Card fee of \$25.00 will apply.**

Your Credit Card will be charged automatically by Beth El for 6 months. First payment after deposit will take place July 1 and end Dec 1.

Need Financial Help? Check below:

_____ I (we) will need to speak to a Synagogue Financial Secretary concerning a payment plan for my child(ren)'s Religious School tuition.

I have chosen OPTION # _____ Parent's Signature _____

FINANCIAL WORKSHEET

Please complete

A. TUITION CHARGE: (SEE BLUE TUITION FORM TO DETERMINE FEES)

Child's Name –	Class –	Amount
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

Sub Total TUITION CHARGE \$ _____

B. **LESS SIBLING DISCOUNT** (% _____) \$ (_____)
{7% for 2 siblings, 10% for 3 or more for children in grades 1-10 only}

IF PAYING IN FULL BY CHECK ONLY, please take an additional 3% tuition discount for children in grades 1-10 only \$ (_____)

C. Total Tuition Charge \$ _____

D. Plus credit card fee charge \$25.00 (if using Option 3) \$ _____

E. **LESS DEPOSIT PAID** \$ (_____)

F. Total Amount Due \$ _____

Payment Options

Option 1: pay in full (Check or Credit Card)

Option 2: If paying via ACH, divide total (F) by 6 to obtain monthly transfer from your bank to Congregation Beth El

G. Total Amount (F divided by 6 months) \$ _____
(Write this amount (G) on ACH form – "amount of monthly transfer")

Option 3: If paying via Credit Card, add \$25.00 (D) and divide Total Amount due (F) by 6 to obtain monthly charge to credit card by Congregation Beth El

H. Monthly Tuition Charge \$ _____
(F divided by 6 to obtain monthly charge to credit card by Congregation Beth El)

{If applying for transportation, please complete separate form.}

**Congregation Beth El Religious School
2010- 2011 TRANSPORTATION REQUEST**

FAMILY / BILLING NAME _____

CHILD'S NAME(S)

GRADE:

1. _____
2. _____
3. _____

ADDRESS _____ ZIP _____

HOME PHONE # _____

MOTHER'S WORK # _____ MOTHER'S CELL _____

FATHER'S WORK # _____ FATHER'S CELL _____

TRANSPORTATION FEE FOR CHILDREN IN BET (2nd) – HEY (5th)

Please note transportation is no longer available for children in Middle School

Cost - \$450.00 per child One Way – To Religious School

Name of Public School: _____

Day requiring transportation: Tuesday _____ Wednesday _____

PLEASE NOTE: We will be using the Safety Bus Service again this year and we are limited to the number of schools that they can serve. Please contact the Religious School office to determine if service is available from your child's school. Transportation Fees are subject to change depending on provider's costs.

BUS FEES STATED ABOVE ARE FOR THE FULL SCHOOL YEAR.

To request transportation, you must complete and return this form with payment.

**ONE HALF OF THE TOTAL TRANSPORTATION FEE IS DUE WITH THIS FORM.
THE REMAINDER IS DUE IN FULL BY AUGUST 1, 2010.**

No child will be permitted to ride the bus unless all transportation fees have been paid.

Transportation fees are non-refundable after September 1, 2010

If paying by credit card please complete:

Credit Card Number _____ Security code ____ Expiration Date _____

Master Charge ____ Visa ____ Amer. Express ____ Amount to be Charged _____

Parent Signature: _____ Date: _____

For Office Use Only:

Amount Paid _____ Check # _____ Credit Card _____

Date Paid _____

PRE-AUTHORIZED TRANSFER AGREEMENT

Name(s) _____

AUTHORIZATIONS

I (we) hereby authorize Congregation Beth El to withdraw funds from my (our) Checking / Savings account indicated below and authorize the Financial Institution named below to debit such account for the amount of the withdrawal. I/We have attached a voided check for the checking account transfers and/or have completed the institutions ABA routing numbers for savings account transfer.

Financial Institution: _____

City: _____ State: _____ Zip: _____

(complete name & address of institution in which the transfer will be debited from)

Please circle which type of account the transfer will be debited from: **Checking** **Savings**

Institutions Transit / ABA _____

(These are the first set of digits on the left-hand side, along the bottom of your checks. In case of savings accounts, your bank will be able to supply you with the appropriate ABA number)

My (our) Deposit Account Number _____

Amount of Monthly Transfer \$ _____ (Amount listed in **G** in Financial Worksheet)

Effective Date of Transfer: Transfer will occur on the first of each month.

The transfer will begin on July 1, 2010.

The last transfer will be on December 1, 2010.

Returned Payment:

If your automatic withdrawal is returned for insufficient funds, **Congregation Beth El and your financial institution may access a fee.** You will be responsible for payment due.

Changes of Account:

The bank's authority to transfer funds from your account will not cease until **Congregation Beth El** received a written notice from you changing the above information, or from your institutions. ***Congregation Beth El must receive this notice at least 10 days prior to the date on which you wish the arranged to change.***

This authorization is a result of a (please circle one)

NEW Payment Set-up CANCELLATION of automatic payment CHANGE in account information

I HEREBY AGREE TO THE TERMS AND CONDITIONS AS NOTED ABOVE.

Signature: _____

Date: _____

Signature: _____

Date: _____

**BETH EL RELIGIOUS SCHOOL
SCHEDULE OF CLASSES 2010 – 2011**

CLASS	DAY(S)	TIME
Gan (Kindergarten)	Sunday	9AM – 12 Noon
Aleph (1 st Grade)	Sunday	9AM – 12 Noon
Bet S/T (2 nd Grade)	Sunday Tuesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Bet S/W (2 nd Grade)	Sunday Wednesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Gimmel-S/T (3 rd Grade)	Sunday Tuesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Gimmel-S/W (3 rd Grade)	Sunday Wednesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Daled- S/T (4 th Grade)	Sunday Tuesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Daled- S/W (4 th Grade)	Sunday Wednesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Hey – S/T (5 th Grade)	Sunday Tuesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Hey – S/W (5 th Grade)	Sunday Wednesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Vav – S/T (6 th Grade)	Sunday Tuesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Vav – S/W (6 th Grade)	Sunday Wednesday	9AM – 12 Noon 4:15 PM - 6:15 PM
Project Lev	Sunday	10:00 AM – 12 Noon

Hebrew High School	Day(s)	Time
Hebrew High I - IV	Tuesday & Thursday	7:00 - 9:00 PM

Credit Card Payment Plan Authorization Form

Name(s) _____

AUTHORIZATIONS

I (we) hereby authorize Congregation Beth El to charge my credit card (indicated below) a monthly tuition charge of \$_____ ('H' on your financial worksheet), beginning **July 1, 2010** and ending **December 1, 2010**

I (we) understand that a one-time credit card fee of \$25.00 will apply.

CREDIT CARD INFORMATION

Credit Card Number _____ Security code _____ Expiration Date _____

Master Charge _____ Visa _____ Amer. Express _____

Amount to be Charged _____

Signature _____

Date _____