



Temple Beth Orr  
**Avi & Alison Rosenberg**  
**Religious School**

**Rabbi Marci Bloch**

**Scott London**  
**Religious School and Youth Director**

**Sunday: 9:00am -12:30pm**  
**Grades K -7**

Temple Beth Orr  
2151 Riverside Drive, Coral Springs, FL 33071  
[www.templebethorr.org](http://www.templebethorr.org)





**Avi and Alison Rosenberg Religious School  
Registration 2017-2018 (5778)**

2151 Riverside Drive, Coral Springs, FL 33071

954-753-3232 www.templebethorr.org

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

**Student(s) Information:**

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Grade entering in Fall 2017: \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Grade entering in Fall 2017: \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Grade entering in Fall 2017: \_\_\_\_\_

**Guardian Contact Information:**

Guardian Name(s): \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

**Guardian Contact Information (if differs from above):**

Guardian Name(s): \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

**Please provide us with one *EMERGENCY CONTACT* to be notified if parents/guardians are unreachable.**

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide us with a list of people who are allowed to pick up your child(ren) from religious school:**

\_\_\_\_\_

**Would you like to volunteer in Education at Temple Beth Orr? Please mark what interests you:**

- Room Guardian Class Volunteers
- Substitute Teacher • Grades \_\_\_\_\_
- Front Desk Volunteer
- Religious School Fundraising
- Elective*Teacher • Topic \_\_\_\_\_

- Setting up Beth Orr Bagels
- Youth Committee
- Adult Education Committee
- Hebrew Tutor
- Other (please describe) \_\_\_\_\_

## **Medical and Field Trip Information**

**Please fill out the Medical information for each of your children.** Also, please indicate any specific medical and/or psychiatric conditions including asthma, allergies requiring an epi-pen, depression, and/or dietary restrictions. All information is strictly confidential (on file in office and with teacher).

**Student:** \_\_\_\_\_

**Doctor Name and Phone Number** \_\_\_\_\_

Medication/ Dosage/ Reason \_\_\_\_\_

Special Medical needs \_\_\_\_\_

**Student:** \_\_\_\_\_

**Doctor Name and Phone Number** \_\_\_\_\_

Medication/ Dosage/ Reason \_\_\_\_\_

Special Medical needs \_\_\_\_\_

**Student:** \_\_\_\_\_

**Doctor Name and Phone Number** \_\_\_\_\_

Medication/ Dosage/ Reason \_\_\_\_\_

Special Medical needs \_\_\_\_\_

I hereby grant permission for the Staff of Temple Beth Orr's Avi and Allison Rosenberg Religious School to contact the above medical personnel to obtain emergency medical care if warranted:

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Photo, Picture, Video And Website Release**

We may take photos and/or videos of your child(ren) during religious school and/or programs and events at Temple Beth Orr. Periodically we may publish information regarding our religious school programs in local newspapers and/or on the TBO Website and/or Facebook page. We request that you carefully consider whether you agree or disagree to allow your child(ren)'s picture to be featured.

I, \_\_\_\_\_, the guardian of \_\_\_\_\_ **AGREE**  
to allow photos/video of my child(ren) to be used as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the guardian of \_\_\_\_\_ **DO NOT**  
**AGREE** to allow photos/video of my child(ren) to be used as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Confidential Information**

\*This form is not required, but can help our staff work better with your children.

Student's Name \_\_\_\_\_ Grade (at TBO) \_\_\_\_\_

Guardians' Name(s) \_\_\_\_\_

**Please fill out the questions below to the best of your ability. At TBO, we have no interest in "labeling" students. Rather, the more information we have about our students as learners, the more we will be able to create an enriching learning experience.**

Describe what you consider to be strengths and/or weaknesses of your child. Please include attributes such as attention skills, conceptual skills, motor skills, visual-receptive skills, auditory-receptive skills and/or automatic skills.

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Is your child receiving specialized support service in or out of the secular school setting? If yes, please list what kind of services and who is the provider? *If your child has an Individualized Education Program (IEP) at secular school, please attach it to the back of this form.*

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Has there been a family event (divorce, death, remarriage, etc.) within the last few years that might require special attention/knowledge? \_\_\_\_\_

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Are there any other important facts you would like to share in regards to your child? \_\_\_\_\_

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Can this information be shared with program coordinator(s) and/or your child's teacher? \_\_\_\_\_

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## **Tuition and Fees 2017-2018**

Guardian names: \_\_\_\_\_

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

**Kindergarten\*, 1<sup>st</sup>, and 2<sup>nd</sup> Grades: \$750 (by June 30<sup>th</sup>); \$800 (July 1<sup>st</sup>-Aug. 20<sup>th</sup>)**

\*Free Kindergarten tuition only for graduates of any Jewish Early Childhood Center (must pay registration fee).

Name of Early Childhood Center: \_\_\_\_\_

**3<sup>rd</sup> through 7<sup>th</sup> Grades: \$950 (by June 30<sup>th</sup>); \$1050 (July 1<sup>st</sup>-Aug. 20<sup>th</sup>)**

***Youth Group fees grades 3- 7 are included in religious school tuition.***

*Please note that we offer a sibling discount of \$100 (\*not valid if you have a child receiving free tuition in kindergarten.) A \$100 discount may be taken for payment made in full by August 20<sup>th</sup>.*

Name	Tuition	Registration	Total
Student 1:		\$175	
Student 2:		\$175	
Student 3:		\$175	
Student 4:		\$175	
Optional Donation:	Assists congregational families in need with Religious School tuition and fees		
Applicable Discounts			
		<b>Grand Total</b>	

**Payment Options:**

\_\_\_\_\_ Charge my credit card in full

\_\_\_\_\_ Charge my credit card in 9 payments\* (August – April).

\_\_\_\_\_ Charge my credit card in 3 payments\* August, November and April.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Payment\* by check will be made on the first of each month August – April.

\_\_\_\_\_ Payment\* by check will be made on the first of each month in August, November and April

Signature: \_\_\_\_\_

**\*The first payment must include the registration fee for all students.**