



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



**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.

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.*

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

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

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

Confidential Information

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Tuition and Fees 2017-2018

Guardian names: _____

Date: _____

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

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

Name of Early Childhood Center: _____

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

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 20th.*

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			
		Grand Total	

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.**