



Avi and Alison Rosenberg Religious School
 2151 Riverside Drive
 Coral Springs, FL 33071
 954-753-3232 ext 212 Fax: 954-753-2559

2015-2016 Tuition Schedule

Family Name: _____

GRADE	Tuition	
Kindergarten*. First and Second Grades *free Kindergarten tuition only for graduates of any Jewish Early Childhood Center	\$750	
Third, Fourth and Fifth Grades	\$925	
Sixth and Seventh Grades	\$965	
Registration must be paid for each students and is required for all grades including ECC graduates	\$150	
Totals:		

Registration Fee is due at registration.

Membership papers are due at time of registration for Religious School.

A \$25 sibling discount can be taken off of tuition

A \$100 discount can be taken if Tuition is paid in full prior to August 15, 2015

Judaica High School tuition should be paid directly to CAJE. Forms are available at CAJE and in the Religious School office. (8th grade – 12th Grade)



Avi and Alison Rosenberg Religious School
 2151 Riverside Drive
 Coral Springs, FL 33071
 954-753-3232 ext 212 Fax: 954-753-2559

2015-2016 Registration Form
(One form for each student please)

Guardian 1 Name:	
Guardian 1 Email:	
Guardian 2 Name:	
Guardian 2 Email:	
Child's Name:	
Child's Date of Birth:	
Child's Address	
City, State Zip	
Grade Entering in August 2015	
Child lives with:	Guardian 1 _____ Guardian 2 _____ Both _____ Other: _____

Medical Information:

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

Doctor:

Address and Phone number: _____

Family Name: _____

Please list allergies, special medical or dietary needs or other areas of concern:

Your child will be released to the custodial parent/guardian and the persons listed below. A picture I.D. will be required of anyone other than the custodial parent upon pick up. The following people will also be contacted in case of illness, accident or emergency, if for some reason, the parent/guardian cannot be reached.

NAME: _____

Phone: _____ Relationship: _____

NAME: _____

Phone: _____ Relationship: _____

NAME: _____

Phone: _____ Relationship: _____

PHOTO, PICUTRE, VIDEO AND WEBSITE RELEASE

We may take photos and/or videos of your child 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's picture to be featured.

I, _____, the parent or guardian of
_____ **AGREE** to allow photos/video of my child to be
used as stated above.

Signature: _____

I, _____, the parent or guardian of
_____ **DO NOT AGREE** to allow photos/video of my
child to be used as stated above.

Signature: _____