



4807 S Flamingo Road • Cooper City, FL 33330

Phone: 954-680-1882 • Fax: 954-680-4717

Email: religiousschool@templebethemet.org

Web Site: www.templebethemet.org

**Jewish Teen LEADERSHIP**

**8<sup>th</sup> – 12<sup>th</sup> GRADE JEWISH TEEN LEADERSHIP  
REGISTRATION FORM 2018– 2019**

Date Received RS _____	By _____
Amount Received _____	
Check # _____	Credit Card _____
Date Received Accounting _____	
Date Billed _____	By _____

PLEASE PRINT CLEARLY

<b>STUDENT INFORMATION</b>	
STUDENT'S NAME _____	Sex: M _____ F _____
STUDENT'S HEBREW NAME _____	
Home Address _____	
City _____	Zip _____ Student's E-Mail _____
Home Phone (_____) _____	Date of Birth _____ Age _____
Bar/Bat Mitzvah Date (if applicable) _____	Merkaz Limud Grade Level (as of 9/18) _____
Name of Private/Public School Attending _____	Grade Level (as of 9/18) _____
<b>PARENT INFORMATION</b>	
Parent 1 Name _____	Work Phone _____
Parent 1 E-Mail _____	Cellular _____
Parent 2 Name _____	Work Phone _____
Parent 2 E-Mail _____	Cellular _____
IF NO - PLEASE INDICATE PRIMARY CONTACT	
Does child live with both parents? ___ Yes ___ No	
If no, please provide other parent's information:	
Address _____	
Home Phone _____	Work Phone _____ Cellular _____
Are you a Temple Member? ___ Yes ___ No	
If you are a new Temple member, has your child attended Hebrew School previously? ___ Yes ___ No	
Name of School _____	Number of Years Attended _____
<b>GRANDPARENT INFORMATION</b>	
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone _____	Phone _____
E-mail _____	E-mail _____
<b>EMERGENCY CONTACT (Parents Contacted First)</b>	
Name _____	
Phone (_____) _____	Relationship to child _____

Photo/Video Release: Permission is granted to use any photographs/video of my child taken at school for publicity purposes. \_\_\_\_\_ (Please Initial)  
Social Media Release: Permission is granted to use any photographs/video of my child taken at school in social media. \_\_\_\_\_ (Please Initial)

**PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



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**INDIVIDUAL STUDENT NEEDS QUESTIONNAIRE  
2018 - 2019**

PLEASE PRINT CLEARLY

STUDENT'S NAME \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1 Cell: \_\_\_\_\_ Parent 1 E-Mail: \_\_\_\_\_

Parent 2 Cell: \_\_\_\_\_ Parent 2 E-Mail: \_\_\_\_\_

STUDENT'S E-MAIL: \_\_\_\_\_ Merkaz Limud Grade Level (as of 9/18) \_\_\_\_\_

Your response to the questions below will be extremely helpful to us in making the proper educational decisions for your child:

- Does your child attend aftercare? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give name \_\_\_\_\_

If other than English, what language is spoken at home?	
Does your child receive or has he/she received any of the following services?	
Psychological: _____ Yes _____ No _____ No longer	Speech & Language: _____ Yes _____ No _____ No longer
Physical Therapy: _____ Yes _____ No _____ No longer	Occupational Therapy: _____ Yes _____ No _____ No longer
Has your child had any psychological/neurological evaluations and/ or testing? _____ Yes _____ No	
If yes, please submit any relevant test results and recommendations.	
Does your child receive any medication? _____ Yes _____ No If yes, please explain	
Is there any additional information concerning your child about which the school should be aware? (physical/emotional, development, family life, custodial arrangements, etc.) _____ Yes _____ No	
If yes, please explain on back of this page/provide any relevant documentation	
Does your child have any allergies to food, medication, insects, etc.? _____ Yes _____ No	
If yes, please explain	

**ALL INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE.**

In addition to completing this form, you are welcome to make an appointment with Noemi Gozlan to discuss any item at length. If you desire such an appointment, please indicate below.

**YOUR COOPERATION IS ESSENTIAL FOR PROPER PLACEMENT OF YOUR CHILD.**

PARENT'S NAME (Please print) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

Yes, I would like to make an appointment.



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**FIELD TRIP PERMISSION AND MEDICAL RELEASE FORM  
2018 – 2019**

PLEASE PRINT CLEARLY

STUDENT'S NAME _____	Home Phone: _____
Parent 1 Cell: _____	Parent 1 E-Mail: _____
Parent 2 Cell: _____	Parent 2 E-Mail: _____
STUDENT'S E-MAIL: _____	Merkaz Limud Grade Level (as of 9/18) _____

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY FIELD TRIP AT TEMPLE BETH EMET MERKAZ LIMUD. BY SIGNING BELOW, I ALSO GIVE PERMISSION FOR MY CHILD TO BE INVOLVED IN ALL ASPECTS OF THE SCHOOL PROGRAM.

IN CASE OF EMERGENCY, I AUTHORIZE TEMPLE BETH EMET AND/OR ITS REPRESENTATIVE TO TAKE MY CHILD TO A DOCTOR OR HOSPITAL FOR ANY TREATMENT WHICH MAY BE NECESSARY.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____
Parent's Signature	Date

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Is there any special information we should know about your child? (Medications, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

# Merkaz Limud Tuition & Fees



## 2018-2019



<b>REGISTRATION FEES</b>		
BEFORE JUNE 1, 2018	AFTER JUNE 1, 2018	AFTER JULY 15, 2018
<b>\$250</b>	<b>\$350</b>	<b>\$450</b>
\$50 Registration Fee \$200 Materials/Program Fees	\$100 Registration Fee \$250 Materials/Program Fees	\$150 Registration Fee \$300 Materials/Program Fees

**REGISTRATION FEES & BOOKS/PROGRAM FEES ARE NON-REFUNDABLE**

<b>MERKAZ LIMUD/JTL TUITION &amp; FEES</b>			
	BY JUNE 1	AFTER JUNE 1	AFTER JULY 15
<b>Prek – 2<sup>nd</sup> Grade Tuition</b>	<b>\$750</b>	<b>\$750</b>	<b>\$750</b>
Registration Fee	<b>\$50</b>	<b>\$100</b>	<b>\$150</b>
Materials & Program Fees	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>
<b>3<sup>rd</sup> – 7<sup>th</sup> Grade Tuition</b>	<b>\$960</b>	<b>\$960</b>	<b>\$960</b>
Registration Fee	<b>\$50</b>	<b>\$100</b>	<b>\$150</b>
Materials & Program Fees	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>
<b>8<sup>th</sup> – 12<sup>th</sup> Grade Tuition</b>	<b>\$690</b>	<b>\$690</b>	<b>\$690</b>
Confirmation Package (10 <sup>th</sup> grade) Oneg Shabbat, Kiddush, Flowers, Setup....	<b>\$180</b>	<b>\$180</b>	<b>\$180</b>
Registration Fee	<b>\$50</b>	<b>\$100</b>	<b>\$150</b>
Materials & Program Fees	<b>\$200</b>	<b>\$250</b>	<b>\$300</b>

# Financial Policy

PLEASE PRINT CLEARLY

STUDENT'S NAME \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PLEASE READ AND INITIAL:

- \_\_\_\_\_ All Merkaz Limud/JTL fees and Temple obligations including membership dues, security and building fund must be paid in full by April 15, 2019
- \_\_\_\_\_ No refunds will be given for absences.
- \_\_\_\_\_ I have read and understand and accept Financial Policies.
- \_\_\_\_\_ I hereby enroll my child in Merkaz Limud/JTL. I accept full financial responsibility.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT AGREEMENT

*\*Registration will not be processed without full completion of Payment Agreement*

Family Name: \_\_\_\_\_ Child (s) Name: \_\_\_\_\_

**Payment Installments** Includes all Merkaz Limud/JTL fees and all Temple obligations, including membership dues, building fund, security fee, etc.

- 10 Equal installments: *\*Must be registered by July 1, 2018*
- 8 Equal installments: *\*Must be registered by September 1, 2018*
- 4 Equal installments
- 2 Equal installments: (September 2018, January 2019)
- 1 Full Payment

### Select Form of Payment:

- Post Dated Checks *\*Attach all post-dated checks payable to Temple Beth Emet*
- ACH Withdrawals *No changes may be made within 10 business days of payment date*

Email for Notifications:  
Name on Check:  
Routing Number:  
Account Number:  
Billing Address:

- Automatic Credit Card Payments  
Debit/Credit Card Number:  
Expiration Date:  
Security Code:  
Billing Address:

All payments are due on the 1<sup>st</sup> of each month. Check here if you prefer the 15<sup>th</sup>

**I understand and accept the above Financial Policy \_\_\_\_\_ initial**

**I understand the full Merkaz Limud/JTL payment is due no later than April 15, 2019 unless prior arrangements have been made with Temple Beth Emet.**

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