



REGISTRATION & PAYMENT FORMS 2018-2019 PRE - KINDERGARTEN THROUGH 6TH GRADE

The following fee will be assessed for each application:

REGISTRATION FEES		
BEFORE JUNE 1, 2018	AFTER JUNE 1, 2018	AFTER JULY 15, 2018
\$250	\$350	\$450
\$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

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

INSTRUCTIONS::

- Please print out pages 2 through 5 of this document. These pages are the Registration Forms.
- Please fill out completely, printing clearly.
- Please be sure to sign the first, third and fourth pages of the Registration Forms.
- Please turn in completed application with payment to the Merkaz Limud office.

A NOTE CONCERNING THE “INDIVIDUAL STUDENT NEEDS QUESTIONNAIRE”

To provide a fully inclusive Jewish education so that every child can have a positive and meaningful experience, PLEASE fill out the questionnaire carefully and completely. We pay extra attention to every child's learning style. By allowing us to understand how your child studies, we can provide an atmosphere that will allow your child a successful school year. Please remember that all information is kept in strictest confidence.



Temple Beth Emet 4807 S. Flamingo Road • Cooper City, Florida 33330
Merkaz Limud Phone: 954-680-1882 • Fax: 954-680-4717
 Learning Center E-mail: religiousschool@templebethemet.org
 Web Site: www.templebethemet.org

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

REGISTRATION FORM 2018-2019
PRE-K – 6TH GRADE

PLEASE PRINT CLEARLY

STUDENT INFORMATION	
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) _____
PARENT INFORMATION	
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 _____
GRANDPARENT INFORMATION	
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone _____	Phone _____
E-mail _____	E-mail _____
EMERGENCY CONTACT (Parents Contacted First)	
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** _____

PLEASE PRINT CLEARLY

STUDENT'S NAME _____ Home Phone: _____

Merkaz Limud Grade Level (as of 9/18) _____

Class Schedule Preference

We will do our best to honor your request, however all class assignments are made on a first come-first served basis.

Classes are scheduled to meet as follows...

(Please indicate your preference by marking your first choice with a "1".)

GRADE	DAYS	TIMES	CHOICE
Kindergarten (A)	Sunday	9:00a – 12:30p	
Kindergarten (D)	Monday	4:00p – 6:30p	
1 (Section A)	Sunday	9:00a – 12:30p	
1 (Section D)	Monday	4:00p – 6:30p	
2 (Section A)	Sunday	9:00a – 12:30p	
2 (Section D)	Monday	4:00p – 6:30p	
3 (Section A)	Sunday	9:00a – 12:30p	
3 (Section E)	Monday	4:00p – 7:30p	
4 (Section A)	Sunday	9:00a – 12:30p	
4 (Section E)	Monday	4:00p – 7:30p	
5 (Section A)	Sunday	9:00a – 12:30p	
5 (Section E)	Monday	4:00p – 7:30p	
6 (Section A)	Sunday	9:00a – 12:30p	
6 (Section E)	Monday	4:15p – 7:30p	



**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 (Parents Contacted First)

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.)

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 1st of each month. Check here if you prefer the 15th

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: _____