

Congregation B'nai Brith Children's School
School Registration 2021-2022 • 5782

We are thrilled to welcome you to our school!

Please print & complete this document -- and return it to Temple B'nai Brith at 201 Central St. Somerville, MA 02145. To register, include a \$100.00 tuition deposit **for each child** you are registering.

For any **questions regarding the school**, contact our Education Director, Rabbi Emily Mathis, with any questions at 401.323.1772 or school@templebnaibrith.org.

For **TBB membership** information, contact our Executive Director, Lisa Gregerman at 617.625.0333 or tbb@templebnaibrith.org.

CBBCS meets weekly on Sunday mornings; 6th and 7th grade also meets on Wednesdays.

Nitzanim (pre-K): MONTHLY on Sunday morning, 9:30-10:30

Gan through Heh (K-5th): WEEKLY on Sunday morning, 9:30-12.

Vav and Zayin (6th-7th): WEEKLY on Sunday morning, 9:30-12 **AND** Wednesdays 4 – 5:45

STUDENT INFORMATION

STUDENT 1

First Name: _____ Last Name: _____ Pronoun (optional): _____

Hebrew Name: _____ Date of Birth: _____

Grade at CBBCS: _____ Secular school: _____ Grade at secular school: _____

STUDENT 2

First Name: _____ Last Name: _____ Pronoun (optional): _____

Hebrew Name: _____ Date of Birth: _____

Grade at CBBCS: _____ Secular school: _____ Grade at secular school: _____

STUDENT 3

First Name: _____ Last Name: _____ Pronoun (optional): _____

Hebrew Name: _____ Date of Birth: _____

Grade at CBBCS: _____ Secular school: _____ Grade at secular school: _____

Other children in family: Name: _____ Age: _____ Name: _____ Age: _____

PARENT/GUARDIAN CONTACT INFORMATION

1. First Name _____ **Last Name** _____ **Pronoun**(optional): _____

Email: _____

Street Address _____ ZIP: _____ Phone: _____

Relationship to child (please check): Parent Grandparent Guardian

TBB Member? Yes No

2. First Name _____ **Last Name** _____ **Pronoun**(optional): _____

Email: _____

Street Address _____ ZIP: _____ Phone: _____

Relationship to child (please check): Parent Grandparent Guardian

TBB Member? Yes No

EMERGENCY CONTACT INFORMATION

Persons to be contacted in case of an emergency when parents cannot be reached:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

MEDICAL RELEASE: CBBCS and Temple B'nai Brith will not be held responsible for accidents/ injuries incurred. I understand that I will be contacted in case of an emergency as soon as possible, but I give permission to CBBCS to administer basic first aid if necessary, and to transport my child to the nearest hospital in case of an emergency.

Parent/Guardian Signature _____ Date _____

CONFIDENTIAL VITAL INFORMATION: Please list any known allergies, especially food allergies:

MEDIA RELEASE

Occasionally, CBBCS takes photographs of the students for use on the CBBCS website or in the TBB newsletter. Please sign to give permission for your child(ren)'s photograph to be used for the above purposes only.

Parent/Guardian Signature _____ Date _____

Please check if you would prefer that your child's name not be listed in captions.

GETTING TO KNOW YOUR CHILD: Please print one copy of this page for each child you are enrolling -- thank you!

Name: _____

Please list below information that may be useful to the school in our effort to provide a positive and engaging learning environment for your child.

What interests/fascinates your child, e.g. reading, arts, sports?

What strategies help your child thrive in other learning environments?

What does your child find difficult to cope with both academically and environmentally?

Please list any learning, developmental, or medical challenges your child faces. Please also list any family situations you feel comfortable sharing, e.g. loss, illness, that would be helpful for your child's teacher to know to best support your child.

My child has an IEP/504 Yes No

If yes, I give permission for my child's secular school to consult with our staff: Yes No

ALLERGY INFORMATION: Please list any known allergies, especially food allergies:

Your privacy is important to us. This information will not be shared outside of school administration without your written permission.

Parent/Guardian Signature _____ Date _____

TUITION PAYMENT

Grade	Member Tuition	Non-member Tuition
Nitzanim (pre-K)	\$200	\$200
Gan, Alef, Bet, Gimel (K-3)	\$1050	\$1900
Daled + Heh (4-5)	\$1,050	Membership Required
Vav + Zayin (6-7)	\$1,050	Membership Required

Non-members: Families may participate in Nitzanim (Pre-K), Gan (Kindergarten), or Grades 1-3 **for one year** as non-members. After that, in order to continue in our school and to build a sense of community among school families, membership is required. *All families with children enrolled in Grades 4 and above are required to be members of Temple B'nai Brith.*

Total Due _____

\$50 Discount for second/third children enrolled _____

Total Paid _____

(min \$100/child)

Balance Due _____

Please choose one of the following plans for tuition payment:

- Entire payment at the time of registration.
- Entire balance on or before the first day of school
- Two payments: half due by the first day of school; the balance by January 1, 2022.

To apply for a scholarship from the Kleiman Scholarship Fund, contact Education Director, Rabbi Emily Mathis (school@templebnaibrith.org)

I/We agree to pay the balance due according to the option chosen above.

Signature _____ Date _____