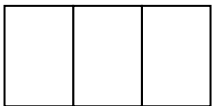


# Congregation B'nai Brith Children's School

201 Central Street, Somerville, MA 02145 (617) 625-0333 [www.templebnaibrith.org](http://www.templebnaibrith.org)



## School Tuition Form 5772—2011/2012

Please fill in the following information for the person who will be responsible for school tuition. Be sure to include the name of each child you are enrolling on the appropriate lines below:

**Parent**

**or Guardian's**

**Name** \_\_\_\_\_

**Relationship**

**to the Student** \_\_\_\_\_

**Temple Member?**  Yes  No

**Dues paid for the 5772 year?**  Yes  No

<u>Student Name</u>	<u>Class Level</u>	<u>Tuition</u>	<u>Discount</u>	<u>Net Tuition</u>
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**Nitzanim (4 year-old pre-K)**

1. _____	<u>Nitzanim</u>	<u>100</u>	N/A	
2. _____	<u>Nitzanim</u>	<u>100</u>	N/A	

**Gan (K), Aleph (1<sup>st</sup> grade), Bet/Gimmel (2<sup>nd</sup>/3<sup>rd</sup> grade), Dalet (4<sup>th</sup> grade), Heh/Vav (5<sup>th</sup>/6<sup>th</sup> grade), Zayin (7<sup>th</sup>)**

1. _____		<u>900</u>	N/A	
2. _____		<u>900</u>	<u>- 50*</u>	
3. _____		<u>900</u>	<u>- 50*</u>	

**B'nai Mitzvah Tuesday Class - 5th grade and up**

1. _____	<u>Tuesday class</u>	<u>600</u>	**	
2. _____	<u>Tuesday class</u>	<u>600</u>		

**Total Tuition Due**

**Total Paid with this form (minimum of \$100 per child)**

**Remaining Due**

	Members	Non-members
<b>Nitzanim Pre-School Program</b> (once a month)	\$ 100	\$ 100
<b>Sunday classes</b> (9:30 – 12:00)	\$ 900	\$ 1,300
<b>Tuesday Class</b> (4:00 – 5:30 pm)	\$ 600	\$ 600

\*You may deduct \$50 for each additional child. The sibling discount does not apply to the Nitzanim (Four-Year-Old Program).

\*\* You may deduct \$50 from weekday tuition if your child is also registered to the Sunday program.

**You may choose one of the following plans for tuition payment:**

- Entire payment at the time of registration.       Entire balance on or before 1st day of school.
- Two payments, 1<sup>st</sup> due on or before first day of school; balance due on or before Jan 2, 2012.
- I/We would like to apply for a scholarship from the Kleiman Scholarship Fund (speak to ed. director).

⇒ To register, you must include a \$100.00 tuition payment *for each child you are registering*.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For membership information, contact Lisa Gregerman at 617-625-0333 or [tbb@templebnaibrith.org](mailto:tbb@templebnaibrith.org).

For school information, contact Rabbi Jacobowitz at 617-628-1836 at [eliana@templebnaibrith.org](mailto:eliana@templebnaibrith.org)

# Congregation B'nai Brith Children's School

201 Central Street, Somerville, MA 02145 (617) 625-0333 www.templebnaibrith.org

## School Enrollment Form 5772—2011/2012

Parent's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please check here if this is where the student most often resides

Place of Employment \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please check here if this is where the student most often resides

Place of Employment \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

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**Student's Name** \_\_\_\_\_

Last

First

Middle Initial

Student's Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Secular School Grade as of 9/1/11 \_\_\_\_\_

Secular School Name and City \_\_\_\_\_

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**Student's Name** \_\_\_\_\_

Last

First

Middle Initial

Student's Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Secular School Grade as of 9/1/11 \_\_\_\_\_

Secular School Name and City \_\_\_\_\_

**Names and ages of other children in family:**

\_\_\_\_\_

\_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Family Physician \_\_\_\_\_ Tel # \_\_\_\_\_

Student's Health Plan \_\_\_\_\_ Card # \_\_\_\_\_

**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 if, and 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.

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

**CONFIDENTIAL VITAL INFORMATION:**

Please list any known allergies: \_\_\_\_\_

Please attach an additional sheet listing any information (e.g. unusual talents or background, learning difficulties, health problems, special family situations, etc.) that may be useful to the school in its effort to ensure a positive learning environment, and to maximize the potential of your child.