

Congregation B'nai Brith Children's School (CBBCS)

School Enrollment and Tuition Form 2018-2019 (5779)

We are thrilled to welcome you to our school! Please print this document, fill it out (writing in ALL CAPS for legibility) and return it to Temple B'nai Brith at 201 Central St. Somerville, MA 02145. To register, you must include a \$100.00 tuition deposit *for each child you are registering*. Feel free to contact the school principal, Sharona Jacobs, with any questions at 617-852-2366 or sharonajacobs@gmail.com. For synagogue membership information, contact Lisa Gregerman at 617-625-0333 or tbb@templebnaibrith.org.

CONTACT INFORMATION

Student's Name (1) _____ / ____ / ____
Last First Middle Initial Hebrew Date of birth

Student's Primary Address _____
Address State Zip code

Secular School Name and City _____
Name City Secular School Grade as of 9/1/18

Student's Name (2) _____ / ____ / ____
Last First Middle Initial Hebrew Date of birth

Student's Primary Address _____
Address State Zip code

Secular School Name and City _____
Name City Secular School Grade as of 9/1/18

Student's Name (3) _____ / ____ / ____
Last First Middle Initial Hebrew Date of birth

Student's Primary Address _____
Address State Zip code

Secular School Name and City _____
Name City Secular School Grade as of 9/1/18

Names and ages of other children in family:

Name Age Name Age

PARENT CONTACT INFORMATION

Parent Name (1) _____
Last First Middle Initial

Parent Hebrew Name _____ Date of Birth ____/____/____

Parent Primary Address _____
Address State Zip code

Parent Contact Info

Home phone Cell phone Email Occupation

Relationship to child (please check): Mother Father Grandparent Guardian

TBB Member? Yes No 5779 Dues Paid? Yes No

Parent Name (2) _____
Last First Middle Initial

Parent Hebrew Name _____ Date of Birth ____/____/____

Parent Primary Address _____
Address State Zip code

Parent Contact Info

Home phone Cell phone Email Occupation

Relationship to child (please check): Mother Father Grandparent Guardian

TBB Member? Yes No 5778 Dues Paid? Yes No

EMERGENCY CONTACT INFORMATION

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 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 of Parent/Guardian _____ 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 Signature _____ Date _____

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

GETTING TO KNOW YOUR CHILD

Please list below information that may be useful to the school in its effort to provide a positive and helpful 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 (please circle) Yes No

If yes, I give permission for my child’s secular school to consult with our staff (please circle) Yes No

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

SCHOOL REGISTRATION

Nitzanim: (4 year-old pre-K class) meets monthly on Sundays from 9:30am - 10:30am

Student Name	Class Level	Tuition	Tuition Due
1. _____	Nitzanim	\$200.00	_____
2. _____	Nitzanim	\$150.00	_____

Grades Gan (Kindergarten) through Heh (5th grade): meets on Sundays from 9:30am - noon

Student Name	Class Level	Reader or Pre-Reader?	Member Tuition	Non-Member Tuition	Tuition Due
1. _____	_____	_____	\$1050	\$1900	_____
2. _____	_____	_____	\$950	\$1800	_____
3. _____	_____	_____	\$950	\$1800	_____

Grades Vav (6th grade): meets on Sundays 9:30am – noon and Wednesdays 4:00 – 5:45pm

Student Name	Class Level	Member Tuition	Non-Member Tuition	Tuition Due
1. _____	_____	\$1500	N/A*	_____
2. _____	_____	\$1400	N/A*	_____

Grades Zayin (7th grade): meets Wednesdays 4:00 – 5:45pm and attends Shabbat services

1. _____	_____	\$700	N/A*	_____
2. _____	_____	\$600	N/A*	_____

*Only members may enroll a child in Vav/Zayin.

Total Tuition Due _____

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

Remaining 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, September 23, 2018.
- Two payments: half due by the first day of school, September 23, 2018; the balance by January 6, 2019.

To apply for a scholarship from the Kleiman Scholarship Fund, contact school principal Sharona Jacobs.

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

Signature _____ Date _____