

Temple Hillel B'nai Torah·Chaverim School Registration

Registration Deadline: **April 30, 2009.**

education@templehbt.org·617.323.0486

- All temple members must be in good standing (current with dues) in order for their registrations to be processed. Please contact Laurie Spackman (617.323.0486) with any questions.
- Fill out Medical/General Information forms. (Pages 2 and 3)  
Please fill out the 2<sup>nd</sup> page for each child separately.
- Fill out Registration Form (Page 4).
- Enclose \$50 **NONREFUNDABLE** deposit for each child.  
This will be applied towards tuition.
- Return to School Office by April 30, 2009.

Please note that each child will be charged a book/material fee based on what is used in his/her grade. This will appear on your September temple bill.

<b>Grade</b>	<b>Sunday</b>	<b>Wednesday</b>
<b>PreK-2<sup>nd</sup></b>	Religious School (10am-Noon)	
<b>3<sup>rd</sup>-5<sup>th</sup></b>	Religious School (10am-Noon)	Religious School (4-6pm)
<b>6<sup>th</sup></b>	Religious School (10am-Noon)	Religious School (4-6pm)
	Rosh Hodesh for Girls (12:30-2:30pm)	
<b>7<sup>th</sup></b>	Religious School (10am-Noon)	
	Rosh Hodesh for Girls (2:30-4:30pm)	Book Club 1/Month (6-7:30pm)
	“Leaving the Garden” (Times TBD)	
<b>8<sup>th</sup></b>	Rosh Hodesh for Girls (4:30-6:30pm)	Book Club 1/Month (6-7:30pm) Religious School 1/Month (6-8pm)
<b>9<sup>th</sup></b>	Rosh Hodesh for Girls (4:30-6:30pm)	Religious School 1/Month (6-8pm)
<b>10<sup>th</sup> -12<sup>th</sup></b>	Siyyum 9 Sessions (5:30-7pm)	

<b>Grade</b>	<b>Tuition</b>	<b>Non-Member Tuition</b>
PreK (Parparim)	\$175.00	\$375.00
K-2	\$575.00	\$775.00
3-6	\$950.00	N/A
7	\$575.00	N/A
8-9	\$175.00	N/A
10-12 (Siyyum)	\$175.00	N/A
Book Club (Grades 7 and 8)	\$150.00	N/A
Rosh Hodesh “It’s a Girl Thing” (Grades 6-10)	\$200.00	N/A

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Please list all of your children whom you are enrolling for the 2009-2010 school year:

Child 1 \_\_\_\_\_ grade entering fall 2009 \_\_\_\_\_

Child 2 \_\_\_\_\_ grade entering fall 2009 \_\_\_\_\_

Child 3 \_\_\_\_\_ grade entering fall 2009 \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**Parent #1:**

Full Name \_\_\_\_\_

Address (if different from students') \_\_\_\_\_

If parent does not live with child, should we send info to him/her as well? Yes/No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address for school purposes (please print clearly) \_\_\_\_\_

Would you also like to be notified of other HBT and Jewish Community Events? Yes/No

Can we share this with other parents for play dates, carpools, etc.? Yes/No

Parent #1 Religious Upbringing \_\_\_\_\_ Current Religion \_\_\_\_\_

**Parent #2:**

Full Name \_\_\_\_\_

Address (if different from students') \_\_\_\_\_

If parent does not live with child, should we send info to him/her as well? Yes/No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address for school purposes (please print clearly) \_\_\_\_\_

Would you also like to be notified of other HBT and Jewish Community Events? Yes/No

Can we share this with other parents for play dates, carpools, etc.? Yes/No

Parent #1 Religious Upbringing \_\_\_\_\_ Current Religion \_\_\_\_\_

Please Circle Yes/No:

I would like to be a substitute teacher in the school: Parent 1: Yes/No Parent 2: Yes/No

I would like to volunteer to be a room parent: Parent 1: Yes/No Parent 2: Yes/No

I would like to help out with special programs: Parent 2: Yes/No Parent 2: Yes/No

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**PLEASE FILL THIS PAGE OUT SEPARATELY FOR EACH CHILD**

**Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_**

**D.O.B. \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Male or Female**

**Grade entering in fall 2009 \_\_\_\_\_ Name of Secular/Day School \_\_\_\_\_**

**School Phone \_\_\_\_\_ With whom does the student reside? \_\_\_\_\_**

**Does your child have his/her own e-mail address? \_\_\_\_\_**

**Can we use pictures of your child (without names) on our website or brochures, etc.? Yes/No**

**Medical Insurance plan name and number: \_\_\_\_\_**

**MD name and number \_\_\_\_\_ Dentist name and number \_\_\_\_\_**

**Emergency Contact if Parent is Not Available Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Student \_\_\_\_\_**

**In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my son/daughter's physician.**

\_\_\_\_\_  
Parent Name (Print) Parent Signature Date

**Describe any medication the student takes regularly:**

\_\_\_\_\_  
\_\_\_\_\_

**Please give us any information you feel we should know to help your child have a positive learning experience. If your child has an IEP at school, please let us know. All information is kept confidential on a need to know basis. It is truly in your child's best interest that we have all the information we need to teach them effectively. Please answer the following questions as completely as possible, even if you have given this information in the past. Feel free to use the back of the page if necessary.**

**Does your child experience any reading or language difficulties?**

**Does your child have any allergies to food, medication, or insects? How should we handle this?**

**Is there anything else you think we should know about your child and his/her learning style?**

**Is there anything you think we should know about your family situation (e.g. adoption, multi-racial family etc?) that will help us better meet the needs of your child?**

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**Registration Form**  
**(Please fill out a Separate Form for Each Child)**

Student Name: \_\_\_\_\_ Grade Entering Fall '09 \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Best e-mail: \_\_\_\_\_ Best phone: \_\_\_\_\_

**Please check the classes and activities for which you are registering your child:**

<b>Check</b>	<b>Grade (Check)</b>	<b>Tuition</b>	<b>Non Member</b>
	PreK (Parparim)	\$175.00	\$375.00
	Religious School <input type="checkbox"/> K, <input type="checkbox"/> 1, <input type="checkbox"/> 2	\$575.00	\$775.00
	Religious School <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6	\$950.00	N/A
	7 <sup>th</sup> Grade (incl. Leaving the Garden)	\$575.00	N/A
	8 <sup>th</sup> /9 <sup>th</sup> Grade	\$175.00	N/A
	Rosh Hodesh <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8, <input type="checkbox"/> 9, <input type="checkbox"/> 10	\$200.00	N/A
	Book Club <input type="checkbox"/> 7, <input type="checkbox"/> 8	\$150.00	N/A
	Siyyum <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12	\$175.00	N/A
<b>Enclose \$50 deposit with this form</b>			

Please note that each child will be charged a book/material fee based on what is used in his/her grade. This will appear on your September temple bill (the green form in the High Holiday packet), along with the balance of your tuition charges. You will be given the option to pay the remainder of your tuition along with your temple dues in 1, 2, 4 or 10 installments.

**Return forms and payment to School Office by April 30, 2009.**

<b>Office use only</b>	
Date Received	
Amount Received	
Check number	