



BETH ISRAEL HEBREW SCHOOL

989 West 28th Avenue Vancouver, BC V5Z 0E8

Tel: 604.731-4161 ext. 103

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Registration Form 2017-2018

Child's Information:

Last Name: _____ First Name: _____

Hebrew Name _____

Address: _____ City: _____

Postal Code: _____

Day School: _____ Grade as of September 2017 _____

Date of Birth: _____ Male: ☐ Female: ☐

Parents' Information:

Member of Beth Israel: Yes ☐ No ☐

Parent 1: Last Name: _____ First Name: _____

Jewish: _____ Non-Jewish: _____

Phone: H: _____ W: _____ C: _____

Address: _____

City/Postal Code: _____ Email: _____

Parent 2: Last Name: _____ First Name: _____

Jewish _____ Non-Jewish _____

Phone: H: _____ W: _____ C: _____

Address: _____

City/Postal Code: _____ Email: _____

Consent:

Contact Information

I give Beth Israel Hebrew School consent to publish my contact information (Name, Phone and Address) in a Hebrew School Phone Book. The Phone Book will solely be distributed to Hebrew School Families.

Initial: _____

Promotional Material

I give Beth Israel Hebrew School consent to use pictures and videos of my child in its promotional material (newsletters, email blasts, website, advertisements, etc.). I also understand that my child's name or contact information will not be published with his/her picture.

Initial: _____

Please return this form filled out to the Beth Israel Office by September 11, 2017

Student's Name: _____

Grade (Sept. 2017): _____

Field Trips

I give permission for my child to participate fully in all activities of the Beth Israel Hebrew School for the 2017/2018 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent carpools, school buses, or walking, and that I will be informed beforehand of all such trips.

I hereby empower the Beth Israel Hebrew School staff person to act for me in accordance with his/her best judgment in case of an emergency.

Initial: _____

School Tuition Fees 2017/2018:

Registration and Payment Policy

Every student, including returning students, must be registered and have their fees paid before the first day of class. **Registration forms will only be processed with the \$150 non-refundable Deposit.** (The deposit will be deducted from the total amount due.)

School Refund Policy

Fees are **non refundable** after the 4th week of classes. Partial Refunds are available prior to the 4th week of classes.

Membership at Beth Israel

Please be aware that Congregation Beth Israel provides for the celebration of Bar/Bat Mitzvahs for Members only. We welcome your Membership inquiries by contacting the Office @ 604-731-4161.

Tuition Fees

Grade:	Member:	Non-Member:
Gesher Club (Ages 3-4)	\$525.00	\$755.00
Kindergarten, Grades 1 & 2	\$525.00	\$755.00
Grades 3 & 4	\$990.00	\$1915.00
Grades 5 & 6*	\$990.00	N/A
Grade 7 (includes Tn'T)	\$1555.00	N/A

*Membership at the Beth Israel Synagogue is required for families with students in Grades 5 and up.

An activity fee of \$75 is required in addition to the tuition fees listed above.

Amount Due

Tuition Fee: _____

Activity Fee: \$75

Total Due: _____ (deduct 5% if paid in full)

Please return this form filled out to the Beth Israel Office by September 11, 2016

Student's Name: _____

Grade (Sept. 2017): _____

A NON REFUNDABLE DEPOSIT OF \$150 IS REQUIRED AND YOU MUST CHOOSE ONE OF THE FOLLOWING METHODS OF PAYMENT:

1. ☐ Payment in Full (receive a 5% discount in total fees).
2. ☐ Deposit and Four monthly payments starting September 15, 2017 – December 15, 2017.
3. ☐ I would like to discuss financial assistance for the fees. The synagogue will contact you for a meeting. If suitable arrangements cannot be made your deposit will be refunded. **Deposit and application must be submitted.**

TUITION ARRANGEMENTS MUST BE COMPLETED BY SEPTEMBER 11, 2017

Method of Payment

- ☐ Cash ☐ Cheque ☐ Preauthorized payments (please enclose a void cheque or provide CC information)
- ☐ Visa ☐ Mastercard

Name of Cardholder: _____

Credit Card Number: _____ **Expiry Date** _____ **CVV:** _____

FORMS MUST BE RETURNED WITH A DEPOSIT FOR REGISTRATION

Parent Signature: _____

Date: _____

Print Name: _____

Parent Signature: _____

Date: _____

Print Name: _____

FOR OFFICE USE ONLY:

NOTES: _____

RECEIVED DATE: _____

ENTERED ON: _____

FEE APPROVED: DATE: _____ BY: _____ \$ _____

Please return this form filled out to the Beth Israel Office by September 11, 2016