



2017/2018 Beit Binah/Tichon Registration

Pre-K to 12th Grade

STUDENT INFORMATION

Student's Name (1) _____ Hebrew Name _____

Birth date _____ Gender: M___ F___

Grade in Fall 2017 _____ Name of Day School _____

Allergy/Medical Condition(s): _____

New Student Returning Student

Student's Name (2) _____ Hebrew Name _____

Birth date _____ Gender: M___ F___

Grade in Fall 2017 _____ Name of Day School _____

Allergy/Medical Condition(s): _____

New Student Returning Student

Student's Name (3) _____ Hebrew Name _____

Birth date _____ Gender: M___ F___

Grade in Fall 2017 _____ Name of Day School _____

Allergy/Medical Condition(s): _____

New Student Returning Student

Student's Name (4) _____ Hebrew Name _____

Birth date _____ Gender: M___ F___

Grade in Fall 2017 _____ Name of Day School _____

Allergy/Medical Condition(s): _____

New Student Returning Student

FAMILY INFORMATION

Parent 1: Name _____ Parent 1: Email _____

Address _____ City _____ ZIP _____

Telephone: Home # _____ Work # _____ Cell Phone # _____

Parent 2: Name _____ Parent 2: Email _____

Address _____ City _____ ZIP _____

Telephone: Home # _____ Parent 1: Work # _____ Cell Phone # _____

If two households, would you like school material sent or emailed to both addresses? Yes No

EMERGENCY CONTACT INFORMATION

Person other than parent to contact in case of an emergency:

Name/Relationship _____ Phone (____) _____

Cell Phone _____ Email _____

Physician's Name _____ Phone (____) _____

ADDITIONAL INFORMATION

Please describe any medical, learning, or classroom needs of which we should be aware. (please indicate student):

MEDICAL CONSENT/FIELD TRIP PERMISSION

I, the undersigned, authorize Congregation Kol Shofar to call a physician or seek emergency room treatment as necessary for my child(ren) in case of any emergency and agree to pay all expenses incurred. I also permit my child(ren) to attend all planned trips arranged by **Beit Binah, Tichon, Youth Groups, or Congregation Kol Shofar, and release Kol Shofar, its officers, agents and employees from any and all liability arising out of my child's participation in such activity.** (This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.)

Parent Signature

Date

PHOTOGRAPH CONSENT

Occasionally photos of your student(s) might be included on our web site or other Kol Shofar/Beit Binah printed publications. Images will never include any name or other identifying information. **Please sign in the space below to give us your consent to publish in print, electronic, or video format the likeness or image of your child.**

Parent Signature

Date

GRAPEVINE MARIN

Kol Shofar keeps all member and student information confidential. We do, however, share parent emails with GrapeVine Marin (administered by the Marin JCC) to keep you updated on events in the larger Jewish Community. If you prefer that we not share your email(s) with Grapevine Marin, please check below:

Please do not share my email with GrapeVine Marin



Beit Binah/Tichon Enrollment Agreement 2017/2018
(1 Form per Family)

Grade	Time	Early Bird Tuition (forms & deposit received by 5/21/17)	Regular Tuition (forms received by 5/21/17)	Actual Programing Costs
Pre-K – 2 nd	Sunday only 9:00 a.m.—12:00 p.m.	\$965	\$1,015	\$1,500
3 rd – 6 th	Sunday & Wednesday Sun. 9:00 a.m.—12:00 p.m. Wed. 4:00 p.m.—5:45 p.m.	\$1,660	\$1,715	\$3,225
7 th – 12 th	Wednesday only 6:30 p.m.—8:45 p.m.	\$925	\$995	\$1,665

ENROLLMENT AGREEMENT

Please initial on the lines below

____ Enclosed is my \$175 (per child) non-refundable deposit to secure my child(ren)’s enrollment.

____ I am committing to enrolling my child in the 2017-2018 Beit Binah/Tichon program. Membership is required for Beit Binah (but not Tichon), and I agree to pay the tuition below along with membership.

	Child’s Grade	Amount
Tuition for Child’s Name (1)		\$
Tuition for Child’s Name (2)		\$
Tuition for Child’s Name (3)		\$
Tuition for Child’s Name (4)		\$
Membership Contribution	N/A	\$
Donation to Scholarship Fund	N/A	\$
Donation to Bagel Nosh	N/A	\$
Subtotal	N/A	
2% Credit Card Fee if Paying by Credit Card	N/A	\$
Total Commitment	N/A	\$
Less Deposit (Payment Included - \$175 per Child)		(\$)
Balance Due		\$

Parent Signature

Date

PAYMENT OPTIONS



PAYMENT PLAN OPTIONS

I agree to the following payment plan for Beit Binah/Tichon tuition for the 2017-2018 school year:

- Payment in Full
 Two Installments
 1. 50% of Balance Due on August 23, 2017
 2. 50% of Balance Due on January 3, 2018 Quarterly Installments beginning July 1, 2017
 Eight Monthly Installments beginning July 1, 2017 and concluding on February 1, 2018

METHOD OF PAYMENT

I would like to make my installment payments as follows: (Please select one, note if info is on file with us)

- ACH/Bank Account Auto Withdrawal
 Credit Card

CREDIT CARD AUTHORIZATION

Name (as it appears on card): _____

Billing Address: _____ City _____ State: _____ ZIP _____

Card Number: _____ Expiration Date: _____ V code: _____

Amount: \$ _____ Card Holder Signature: _____ Date: _____

AUTHORIZATION FOR AUTOMATIC PAYMENTS FROM BANK ACCOUNT

Please complete the following information if you wish Kol Shofar to use Bank Draft for payments as listed below. We will bill equal monthly payments from your approved bank account.

Name on Account:	Bank Name & Branch:	
Payment Frequency <input type="checkbox"/> 10 th of each Month * <input type="checkbox"/> 25 th of each Month <i>*If no date is selected, your payment will be made on the 10th</i>	Bank City, State & Zip:	
Month of First Automatic Payment:	Bank Account No:	Bank Routing Number
** PLEASE ATTACH A VOIDED CHECK		

For alternative payment options, please contact Denice Asazawa, at (415) 388-1818 Ext. 102 or dasazawa@kolshofar.org.
 For a tuition assistance request form, please contact Alona Shahbaz, at (415) 388-1818 Ext. 100 or ashahbaz@kolshofar.org

**Please Note: Kol Shofar charges a \$25 returned check fee for insufficient funds in your account.