



2019/2020 Beit Binah/Tichon Registration
K to 12th Grade

STUDENT INFORMATION

Student's Name (1) _____ Hebrew Name _____

Birth date _____ Gender: M__ F__

Applying for Grade _____ Secular School _____

New Student Returning Student

.....
Student's Name (2) _____ Hebrew Name _____

Birth date _____ Gender: M__ F__

Applying for Grade _____ Secular School _____

New Student Returning Student

.....
Student's Name (3) _____ Hebrew Name _____

Birth date _____ Gender: M__ F__

Applying for Grade _____ Secular School _____

New Student Returning Student

.....
FAMILY INFORMATION

Parent/ Legal Guardian 1: Name _____ Email _____

Address _____ City _____ ZIP _____

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

Parent/ Legal Guardian 2: Name _____ 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

Student Medical history must be filled out for each child enrolled in Beit Binah or Tichon

Student 1 Medical History

Life Sustaining Medication: _____

Medical Conditions (e.g., Life-threatening disease/allergies to medication or food) _____

Medical Insurance: _____ ID # _____

Doctor: _____ Phone #: (____) _____

Date of Last Tetanus Shot _____ IEP Yes__ No __ If yes, please submit.

Student 2 Medical History

Life Sustaining Medication: _____

Medical Conditions (e.g., Life-threatening disease/allergies to medication or food) _____

Medical Insurance: _____ ID # _____

Doctor _____ Phone #(____) _____

Date of Last Tetanus Shot _____ IEP Yes__ No __ If yes, please submit.

Student 3 Medical History

Life Sustaining Medication: _____

Medical Conditions (e.g., Life-threatening disease/allergies to medication or food)

Medical Insurance: _____ ID # _____

Doctor _____ Phone #(____) _____

Date of Last Tetanus Shot _____ IEP Yes__ No __ If yes, please submit.

Enrollment and Responsibility Agreement:

By signing this Enrollment Agreement I am acknowledging and agreeing to the following

1. I/We understand that my family must be members in good standing at Congregation Kol Shofar and that I/we have paid the full amount of the non-refundable tuition required for my/our child/children's grade level(s) in order for my/our children to attend Kol Shofar Beit Binah. [Enrollment in Tichon alone does not require Kol Shofar membership.] Should I/we need assistance with tuition it is my/our responsibility to contact the Kol Shofar Administration to set up the terms and conditions of my/our payment plan.
2. I/We understand that Beit Binah and Tichon will enforce a behavior management policy, and that all students are required to adhere to school and classroom policies as stipulated in the Beit Binah/Tichon responsibility agreement in the Parent-Student Guide. I/We understand that serious infractions such as, but not limited to, stealing, fighting, possession of contraband on campus (weapons, drugs or alcohol), willful destruction of school property, and/or bullying (including sexual harassment) will result in an immediate removal from class and dismissal without refund of tuition.

I/We have read, understand and agree to be bound by this enrollment agreement for myself/ourselves and on behalf of my/our child/children.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Release Information

Medical Emergency Release:

In the event of a medical emergency, in accordance with the Beit Binah/Tichon emergency procedure, I/we, the undersigned parent(s) or legal guardians of _____, a minor(s), do hereby release the appropriate personnel of Kol Shofar to either administer first aid OR release the child/ren to an emergency hospital or disaster center for further treatment, as they deem necessary. Furthermore, I/we authorize appropriate care for this child to be rendered by a duly licensed physician, surgeon, dentist and/or other medical professional. This care may be given under whatever conditions are necessary to preserve the health and safety of the child. I/We further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Kol Shofar personnel will try, but are not required, to communicate with me/us prior to such treatment.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Pick Up Release:

In accordance with Beit Binah/Tichon emergency procedures, you are authorized to release my child/ren to the following (when possible, list below contacts that are located within close proximity to Kol Shofar):

Name/Relationship

Phone

() _____

() _____

() _____

Out of State Contact/Relationship

() _____

Photo/Audio/Video/Website Release:

I give permission for photographers, slides, video, or audio recordings to be taken of my child/ren to be used for the Kol Shofar, Beit Binah, or Tichon calendar, website, public relations purposes and the promotion of Beit Binah and/or Tichon. I understand that none of the above may be used by the mass media for newspaper or television stories without my consent for usage.

Parent/Guardian Signature: _____ **Date:** _____

Directory Release:

I give my permission for my name, address, telephone number, and email address to be given to other parents in the Beit Binah/Tichon programs.

Parent/Guardian Signature: _____ **Date:** _____

Field Trip Release:

I give permission and consent to Kol Shofar's Beit Binah/Tichon and its employees to take my child/ren on field trips as part of the normal curriculum and, to the extent possible, absolve Kol Shofar and Beit Binah/Tichon and its employees and agents from any liability for personal injury to my child or property damage, except for injuries resulting from gross negligence of Kol Shofar's employees or agents.

I understand that for all field trips that require transportation, I will receive a permission slip. Unless I have signed the permission slip my child will not be permitted to go on the field trip.

Parent/Guardian Signature: _____ **Date:** _____



Beit Binah/Tichon Enrollment Agreement 2019/2020

Grade	Time	Early Bird Tuition (Forms received by 5/23/2019)	Regular Tuition (Forms received by 8/28/19)
Pre-K – 2 nd	Sunday only 9:00 a.m.—12:00 p.m.	\$1,050	\$1,125
3 rd – 5 th , 7 th	Sunday & Wednesday Sun. 9:00 a.m.—12:00 p.m. Wed. 4:00 p.m.—5:45 p.m.	\$1,800	\$1,875
6 th	Note: Additional \$250 for Family Retreat Staffing	\$2,050	\$2,125
8 th – 12 th	Wednesday only 6:00 p.m.—8:15 p.m.	\$1,050	\$1,125

ENROLLMENT AGREEMENT

Please initial on the lines below

Enclosed is my \$100 (per child) non-refundable deposit to secure my child(ren)'s enrollment.

I understand that Early Bird Tuition requires that my forms are completed and that my deposit is received by 5/23/19 and that tuition is paid in full by 8/28/19.

	Child's Grade	Amount
Tuition for Child's Name (1)		\$
Tuition for Child's Name (2)		\$
Tuition for Child's Name (3)		\$
Membership Contribution		\$
Donation to Beit Binah/Tichon Scholarship Fund		\$
Donation to USY/Kadimah Scholarship Fund		\$
Subtotal		
2% Credit Card Fee if Paying by Credit Card		\$
Total Commitment		\$
Less Deposit (Payment Included - \$100 per Child)		(\$)
Balance Due		\$

Parent Signature

Date

PAYMENT OPTIONS



PAYMENT PLAN OPTIONS

I agree to the following payment plan for Beit Binah/Tichon tuition and Kol Shofar membership for the 2019-2020 school year:

- Payment in Full
 Two Installments
 1. 50% of Balance Due on August 31, 2019
 2. 50% of Balance Due on January 4, 2020
 Quarterly Installments beginning July 1, 2019
 Eight Monthly Installments beginning July 1, 2019 and concluding on February 1, 2020

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
 Check

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 Dawn Castelli, at (415) 388-1818 Ext. 100 or dcastelli@kolshofar.org

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

Congregation Kol Shofar

2019/2020 Membership Contribution

Family Name:

Address:

Phone:

Dear Friend,

It is again that time of year during which we ask you to reflect on your commitment to our kehillah kedoshah, our sacred community. Just as we each bring a unique set of gifts and spark of the divine important to the building of our incredible sacred community, we each also share in the responsibility of meeting the financial needs of our congregation. This shared responsibility is again unique for each of us, yet equal in importance.

SUSTAINING LEVEL

Many of our members ask for guidance on what a family might give in order to sustain the congregation. Continuing to operate Kol Shofar at its current high level depends on an average membership contribution of **\$3,675 for two-adult households** and **\$2,900 for one-adult households**. While we hope you can support Kol Shofar at this level, participating in Jewish life shouldn't be a source of financial anxiety. Please **contribute to our community as a gift from your heart and according to your capacity**. Your contribution, whatever the level, is important to sustaining our thriving congregation.

HONORARY LEVELS

We encourage people who have the means to give at honorary levels. This enables our congregation to provide for those who are unable to give at sustaining

Visionaries	\$10,000 and above
Benefactors	\$7,500 - \$9,999
Leaders	\$5,000 - \$7,499
Guardians	\$3,800 - \$4,999

one of the include and levels.

MEMBERSHIP PLEDGE FOR 2019/2020

- I am making a membership contribution of \$ _____
(Please see next page for payment options).
- I would also like to donate \$500 to sponsor a Kiddush. (Staff will contact you for details).

TOTAL Tax Deductible Contribution to Kol Shofar \$ _____

Signature

Date

HIGH HOLY DAY INFORMATION

Members receive High Holy Day tickets for your household and an opportunity to purchase reduced rate tickets for friends & family. Service option information and parking passes will be distributed in late August. We reserve ample parking for our congregants who need close and accessible parking. Because of the complicated logistics around assigning and distributing parking passes, all other **parking lots will be assigned as membership renewals are received**.

Please return this form by June 30th so that we may effectively plan for the coming year.

Thank you for your generosity and commitment to the Kol Shofar community. Please contact Chloe with questions at cgrey@kolshofar.org or (415) 388-1818, ext. 106.

PAYMENT OPTIONS

Please note: Paying by check or bank draft avoids credit card fees. If you pay by credit card, please add 2% to cover the cost of fees charged to Kol Shofar.

- By Check:
 - Full payment by check enclosed
 - 10 pre-dated checks enclosed

- Bank draft (please complete the attached bank draft form and provide a voided check)
 - Monthly: 10 equal payments (July 2019 - April 2020)
 - Monthly: continue monthly drafts with the account on record

- Credit card (please complete the attached credit card/debit card authorization form)
 - Monthly: 10 equal payments (July 2019 - April 2020) with card on file or form attached
 - Full payment: I have completed the attached credit/debit card authorization form
 - Add 2% to cover the credit card administrative fee

CREDIT CARD AUTHORIZATION

If you have a current credit card or bank draft authorization with us, you do not need to complete this form.

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 do not already have a bank draft agreement set up and 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, payment will be made on the 10th</i>	Bank City, State & Zip:	
Month of First Automatic Payment:	Bank Account No:	Bank Routing Number:
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