



2020/2021 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 _____ 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

Phone

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 2020/2021

| Grade | Time | Early Bird Tuition (Forms received by 6/15/2020) | Regular Tuition (Forms received by 9/1/2020) |
|---|--|--|--|
| 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 6/15/2020.

| | 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 2020-2021 school year:

- Payment in Full
- Two Installments
1. 50% of Balance Due on August 31, 2020
 2. 50% of Balance Due on January 4, 2021
- Quarterly Installments beginning July 1, 2020
- Eight Monthly Installments beginning July 1, 2020 and concluding on February 1, 2021

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"/> 5 th of each Month* <input type="checkbox"/> 20 th of each Month* <i>*If no date is selected, your payment will be made on the 5th</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 Sara Glass, at (415) 388-1818 Ext. 130 or sglass@kolshofar.org

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