



2021/2022 Beit Binah/Tichon Registration
K to 12th Grade

STUDENT INFORMATION

Student's Name (1) _____ Hebrew Name _____

Birth date _____ Gender: _____

Applying for Grade _____ Secular School _____

New Student Returning Student Student Email: _____

Student's Name (2) _____ Hebrew Name _____

Birth date _____ Gender _____

Applying for Grade _____ Secular School _____

New Student Returning Student Student Email _____

Student's Name (3) _____ Hebrew Name _____

Birth date _____ Gender: _____

Applying for Grade _____ Secular School _____

New Student Returning Student Student Email _____

FAMILY INFORMATION

Parent/ Legal Guardian 1: Name _____ Email _____

Address _____

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

Parent/ Legal Guardian 2: Name _____ Email _____

Address _____

Telephone: Home # _____ Parent 2: 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 & Insurance Provider

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 2021/2022

| Grade | Time | Early Bird Tuition (Forms received by 5/16/2021) | Regular Tuition (Forms received by 8/27/2021) |
|---|---|--|---|
| 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 | Sunday & Wednesday 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 5/16/21 and that tuition is paid in full by 8/27/21.

| | Child's Grade | Amount |
|---|---------------|--------|
| Tuition for Child's Name (1) | | \$ |
| Tuition for Child's Name (2) | | \$ |
| Tuition for Child's Name (3) | | \$ |
| Membership Contribution <i>(see page 7)</i> | | \$ |
| 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

Congregation Kol Shofar

2021/2022 Membership Contribution

Dear «Family_Informal_Salutation»,

It is that time of year during which we ask you to reflect on your commitment to our *Kehillah Kedoshah*, our sacred community. With open arms we welcome families and individuals who represent the fabric of our ever-changing 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 each household might give in order to sustain the congregation. In other words, ***what does it cost per household to run our synagogue?*** Continuing to operate Kol Shofar at its current high level depends on an average membership contribution of **\$4,075 for two-adult households** and **\$2,975 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.

LEADERSHIP LEVELS

We encourage people who have the means to give at one of our leadership levels. This enables our congregation to include and provide for those who are unable to give at sustaining levels.

| | |
|-------------|--------------------|
| Visionaries | \$10,000 and above |
| Benefactors | \$7,500 - \$9,999 |
| Guardians | \$4,500 - \$7,499 |

WHY DOES KOL SHOFAR FUNDRAISE BEYOND MEMBERSHIP?

Not all members of our community are able to give at a sustaining level to cover the cost of running the synagogue. Our Annual High Holy Day Appeal and Gala "fill this gap" and ensure that all who wish to engage in our *Kehillah Kedoshah* *are able to do so*.

Please return the following page by June 30th so that we may plan for the coming year. Thank you!
Questions: contact Chloe at cgrey@kolshofar.org or (415) 388-1818, ext. 106.

MEMBERSHIP PLEDGE FOR 2021/2022

I am making a membership contribution of: \$4,075 \$2,975 Other: \$ ____

TOTAL Tax Deductible Contribution to Kol Shofar \$ _____ Date _____

PAYMENT OPTIONS: Please indicate your preference.

- By Check:
 - Full payment by check enclosed
 - Twice per year
 - 10 post-dated checks enclosed
- Bank draft (*please complete the attached bank draft information below*)
 - Monthly: 10 equal payments (July 2021 - April 2022)
 - Monthly: continue monthly drafts with the account on record
- Credit card (*please complete the attached credit card/debit card information below*)
 - Monthly: 10 equal payments (July 2021 - April 2022) with card on file or card below
 - Full payment: I have completed the attached credit/debit card authorization form
 - Add 2% to cover the credit card administrative fee

CREDIT CARD AUTHORIZATION

Credit card on file ending in (last 4 digits): _____ New Credit card below:

Name (as it appears on card): _____

Billing Address: _____ City: _____ State: ____ Zip: _____

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

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

BANK ACCOUNT AUTOMATIC PAYMENT AUTHORIZATION

Account on file ending in (last 4 digits): _____ New Account below:

| | | |
|--|-------------------------|----------------------|
| 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, payment will be made on the 5th</i> | Bank City, State & Zip: | |
| Month of First Automatic Payment: | Bank Account No: | Bank Routing Number: |

For other payment options, please contact our bookkeeper Denice at 415-388-1818 x102 or dasazawa@kolshofar.org.

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