

Tuition Payment Methods

Enclosed is a check for entire amount \$ _____ made payable to KKBE Religious School (preferred)
 I would like to make a partial payment of \$ _____ now (minimum \$30 per child) and will:
 _____ pay the balance by _____ (date; must be prior to December 31, 2010.)
 _____ make equal monthly payments so that the balance is paid in full by April 30, 2011.
 I will contact Financial Secretary Louis Tick at 571-7007, or Executive Director Floy Work at 723-1090, to make tuition arrangements.

It is our policy that no Jewish child be denied a Jewish education due to inability to pay. However, all children attending school must have financial arrangements made. Please do not hesitate to contact Louis Tick, or if you prefer, Floy Work or Amy Horner if your family needs assistance. All scholarships are kept confidential.

Emergency Contacts

Please list 2 local people who may be consulted to make decisions in the event of an emergency if neither parent can be reached.

Last Name	First Name	Home Phone	Mobile Phone	Relationship

Last Name	First Name	Home Phone	Mobile Phone	Relationship

Physician Name	Phone Number	Address

Insurance Company	Policy Number	Preferred Hospital

In case of an emergency, I request that the school contact me. If unable to reach me, I hereby authorize the school to call the emergency contacts and/or the physician listed above and follow his/her instructions. If you are unable to reach him/her, the school may make whatever arrangements seem necessary and in the best interest of my child.

Signature of parent or guardian _____ **Date** _____

Does your child have needs of which the teacher should be aware? YES NO

Please describe those needs here; examples include allergies, dietary restrictions, medical conditions, learning abilities:

There are particular requirements for becoming a bar or bat mitzvah at KKBE. The requirements are listed in the B'nei Mitzvah Handbook, and include that 1) Parents of the candidate must be members in good standing of KKBE before a date can be set, and must be members of KKBE for the 3 consecutive years prior to the ceremony; 2) Students must have been enrolled in the KKBE Religious school for a minimum of the 3 consecutive years prior to the ceremony date; and 3) Students must have acquired Hebrew proficiency at least equivalent to completion of the third year of our Hebrew program. Please check with the Temple Educator if you have questions or concerns about these requirements; your signature below confirms that you are aware of these requirements. You may contact the synagogue office at any time for a copy of the B'nei Mitzvah Handbook.

Signature of parent or guardian _____ **Date** _____

Photo Release

I hereby grant to Kahal Kadosh Beth Elohim, and to its officers, employees, agents and assigns, the right to photograph my dependent(s) and to use the photo and/or digital reproduction of him/her, or other reproduction of his/her physical likeness, for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

If you do NOT grant the above permissions, please initial here: _____

I agree to read the Religious School Handbook at the beginning of the school year and review it with my child(ren). I will address any concerns or problems with compliance, particularly with the discipline and dress code policies, with the Temple Educator.

Signature of parent or guardian _____ **Date** _____