



# TEMPLE BETH TIKVAH CHAVAYA SCHOOL

1600 N. ACACIA AVENUE  
 FULLERTON, CA 92831  
 (714) 871-3535  
 Email: info@tbto.org

Dear Chavaya Community,

Enclosed are your registration forms for the 2018-19 school year. **Each student requires a separate registration form, which includes the health information sheet on the reverse/second side.** If you need additional hard-copy forms, please call the office at 714/871-3535.

## TUITION

Below is the schedule for 2018-19, which includes supplies, books, and special projects.

Your registration is complete upon fulfilling the following criteria:

1. You must be a member in good financial standing (no outstanding fees from previous school year).
2. A payment plan must accompany the registration forms or you may make payments throughout the year (please complete the Fee Schedule to indicate how payment(s) will be made).

<u>Programs</u>	<u>Schedule</u>	<u>Tuition</u>
Chavaya School Registration Fee – “The Experience” (Grades K-12) Additional Tuition Grades K–12*	Saturdays 9:00 a.m.-12:00 p.m. & Wednesdays 4:30-6:30 p.m.	\$90 per student \$800
Grade 7/B'nai Mitzvah (includes 20 half-hour tutoring sessions) <i>Additional tutoring available</i>	Saturdays 9:00 a.m.-12:00 p.m. & Wednesdays 4:30-6:30 p.m.	\$1,065 \$80 / hr. for extra tutoring
<b>*NOTE LATE START CHAVAYA ONCE A MONTH 4:00-7:00 p.m. (calendar forthcoming)</b>		
Big Wednesdays at TBT (Gr. 1-12)	After School - 4:30	\$75/month
Multi-Age <b>Confirmation Class</b> (Post B'nai Mitzvah-12 <sup>th</sup> grade)	Wednesdays, 6:00-7:30 p.m. three times a month	\$800
Once a Month NFTY Chavaya Israel Interchange Program Seminar L'taken in Washington DC Social Program	Saturdays, once a month	Free for those in Confirmation Class/ \$180 for those not in Confirmation Class
Special Activities/Shabbatonim (weekend retreats)	As calendared	TBD

**Gesher Program:** Available Monday-Friday for K-2<sup>nd</sup> grade.

Include pick-up of children in the area and providing them with a safe environment with high-quality Jewish and Hebrew education, and enrichment classes. Judaica and Hebrew instruction included. Please call the TBT office for more information.

### Gesher 2018/19 School Year

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>Afternoon Program</b> 1:00-6:00 p.m, (5 hrs) <b>*Includes Big Wednesdays</b>		\$336	\$429	\$475	\$550
<b>Summer Program</b> 9:00-5:30 p.m, (8.5 hrs)		\$528	\$726	\$814	\$ 946
<b>Big Wednesday</b>	\$75				
<b>The Gesher program includes pickup at elementary school within a 5 mile radius of TBT.</b>					

STUDENT INFORMATION

STUDENT'S NAME \_\_\_\_\_  
(please print) Last First Hebrew Birth Date

STUDENT'S ADDRESS \_\_\_\_\_  
Number Street City Zip

HOME PHONE NUMBER ( ) \_\_\_\_\_

STUDENT'S SECULAR GRADE FOR FALL, 2018 \_\_\_\_\_

NAME OF SECULAR SCHOOL (ELEMENTARY/MIDDLE SCHOOL/HIGH SCHOOL) \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

PARENT #1 NAME _____	PARENT #2 NAME _____
PARENT #1 CELL PHONE # ( ) _____	PARENT #2 CELL PHONE # ( ) _____
PARENT #1 E-MAIL ADDRESS _____	PARENT #2 E-MAIL ADDRESS _____
PARENT #1 ADDRESS (if different from student) _____	PARENT #2 ADDRESS (if different from student) _____
number street city zip	number street city zip
Do you want communications sent to both addresses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want communications sent to both addresses? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT #1 OCCUPATION _____	PARENT #2 OCCUPATION _____
PHONE _____	PHONE _____
May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO

**STUDENT INFORMATION**

1. Will your child participate in youth choir this year? Yes \_\_\_\_\_ No \_\_\_\_\_  
**(All children participating in choir will be added to our choir dinner list)**
2. Should student wear glasses: To read? \_\_\_\_\_ For distance? \_\_\_\_\_  
Does student have hearing problems? \_\_\_\_\_
3. Is student reading: at \_\_\_\_\_ above \_\_\_\_\_ below \_\_\_\_\_ grade level?
4. Please list dietary restrictions and/or allergies (food or otherwise): \_\_\_\_\_  
\_\_\_\_\_
5. Does student take medication regularly? If yes, which medication? \_\_\_\_\_  
\_\_\_\_\_  
How often does your child take this medication (please list times of day): \_\_\_\_\_  
**\*Please sign a medication form for the school year (available in school office)**
6. Is student in any special classes at secular school (i.e. GATE, RSP)? If yes, what type of program? \_\_\_\_\_  
\_\_\_\_\_
7. Does your child participate in any scouting programs? \_\_\_\_\_  
What level of participation (Brownies, Cub Scouts, etc.)? \_\_\_\_\_  
Do you want your child to work towards the religious award as an extracurricular activity? \_\_\_\_\_
8. Please list any musical instrument(s) your child plays. \_\_\_\_\_
9. Please give us any additional information (i.e. talents, interests, home situation, etc.) to better enable us to serve your child. \_\_\_\_\_  
\_\_\_\_\_

**PHOTOGRAPH RELEASE**

Temple Beth Tikvah has my permission to take photographs of my child to be used for publicity purposes in various media. I realize that no commercial use will be made of the photos. \_\_\_\_\_ Yes \_\_\_\_\_ No

Signed \_\_\_\_\_

**EMERGENCY**

Please give us someone to be called in case of emergency when you cannot be reached.

Name	Relationship to Student
Address	( ) Phone

Please give us someone **out of state** to be called in case of emergency.

Name	Relationship to Student
Address	( ) Phone

Temple Beth Tikvah or its representative has my permission to secure emergency aid for my child, named above, in case I cannot be reached. Preferred doctor is \_\_\_\_\_, whose phone number is ( ) \_\_\_\_\_.  
Should hospitalization be required, my child should be taken to \_\_\_\_\_ Hospital.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **PARENT VOLUNTEER NETWORK**

We need your active involvement to implement special projects within our school. Please help us by volunteering for at least one activity per child enrolled in our school.

**FAMILY NAME** \_\_\_\_\_

**CHILD(REN)** \_\_\_\_\_ **GRADE(S)** \_\_\_\_\_

- \_\_\_\_\_ I can help on the first day of Chavaya
- \_\_\_\_\_ I can be a room parent for my child's classroom
- \_\_\_\_\_ I would like to help organize the Chavaya shabbaton (January 18-20)
- \_\_\_\_\_ I can help organize my child's class Shabbat dinner
- \_\_\_\_\_ I can help to organize choir dinner teams for the school year
- \_\_\_\_\_ I can call the choir team to remind them that it's their turn
- \_\_\_\_\_ I can observe/volunteer in a classroom on Saturdays (on an occasional basis).
- \_\_\_\_\_ I can observe/volunteer in a classroom on Wednesdays (on an occasional basis).
- \_\_\_\_\_ I can chaperone/drive on a field trip (must have proof of auto insurance and seat belts for all passengers.)
- \_\_\_\_\_ I can work on a fundraising activity for the school (choose an activity and be chairperson) \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ I can work a Chavaya special event (i.e., High Holy Days, Purim, Passover)
- \_\_\_\_\_ I am interested in participating on the Education Committee.

**CHAVAYA SCHOOL FEE SCHEDULE**  
**2018-2019**

Family's Last Name \_\_\_\_\_

<u>CHILDREN'S NAMES</u>	<u>GRADE</u>	<u>CHOIR?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration Fee \_\_\_\_\_ X \$90/student \$ \_\_\_\_\_

# Children Registered Grades Kindergarten -6 \_\_\_\_\_ X \$800/year = \$ \_\_\_\_\_

# Children Registered Grade 7 (B'nai Mitzvah) \_\_\_\_\_ X \$1,065/year = \$ \_\_\_\_\_

# Multi-Age Confirmation Class \_\_\_\_\_ X \$800/year = \$ \_\_\_\_\_

# Once A Month NFTY Chavaya  
(No charge if enrolled in Confirmation Class) \_\_\_\_\_ X \$180/year = \$ \_\_\_\_\_

# Children Registered Gesher (\_\_\_\_ days/wk) \_\_\_\_\_ see page 1 for fees \$ \_\_\_\_\_

# Children Registered Big Wednesdays  
(Included if enrolled in Gesher) \_\_\_\_\_ X \$75/month = \$ \_\_\_\_\_

**After August 15, please add \$50/child .....** \$+ \_\_\_\_\_

**OPTIONAL CONTRIBUTION TO RELIGIOUS SCHOOL SCHOLARSHIP FUND \$ \_\_\_\_\_**

**Total Amount Due = \$ \_\_\_\_\_**

Payment will be made (please check one): · in full  monthly  other \_\_\_\_\_  
 Payment by (please check one):  check  credit card

Credit Card Number \_\_\_\_\_

Which credit card?  MasterCard  Visa  Discover  AmEx

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Number on Back of Card \_\_\_\_\_ Signature \_\_\_\_\_