



Gesher is TBT's response to many families that can't access a Jewish Day School, but want to provide high quality Jewish education to their children. Our program provides children and their families with warm community environment that provides them a home every afternoon. Gesher emphasizes Jewish values, experiences and community. We offer enrichment activities that support math, reading and writing in addition to Judaism, science, sports, art and music.

Enclosed are your registration forms for the 2018-19 Gesher school year. **Each student requires a separate registration form, which includes the health information sheet.** 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 submission of completed forms.

Gesher Program: Available Monday-Friday for K-2nd grade.

- Judaica
- Martial Arts
- Homework Time
- Sports
- Cooking
- Snack
- Tikkun Olam
- Special Activities
- Field Trips

| Gesher 2018/19 School Year | | | | | |
|---|---|-----------------|-----------------|-----------------|-----------------|
| (The below rates are the monthly rate) | | | | | |
| | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
| Afternoon Program 1:00-6:00 p.m, (5 hrs) *Includes Big Wednesdays | | \$336 | \$429 | \$475 | \$550 |
| Summer Program 9:00-5:30 p.m, (8.5 hrs) | | \$528 | \$726 | \$814 | \$ 946 |
| Big Wednesday | \$75 | | | | |
| After 6:00 pm TBT pickup | \$30 for first 5 minutes and \$2.00 per minute thereafter | | | | |
| The Gesher program includes pickup at elementary school within a 5 mile radius of TBT. | | | | | |

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 _____

PARENT/GUARDIAN INFORMATION

PARENT #1 NAME _____

PARENT #1 CELL PHONE # () _____

PARENT #1 E-MAIL ADDRESS _____

PARENT #1 ADDRESS (if different from student)

number street city zip

PARENT #1 OCCUPATION _____

PHONE _____

May we call you at work? YES NO

PARENT #2 NAME _____

PARENT #2 CELL PHONE # () _____

PARENT #2 E-MAIL ADDRESS _____

PARENT #2 ADDRESS (if different from student)

number street city zip

PARENT #2 OCCUPATION _____

PHONE _____

May we call you at work? YES NO

STUDENT INFORMATION

1. 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**
6. 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 _

GESHER FEE SCHEDULE
2018-2019

Family's Last Name _____

CHILDREN'S NAMES

GRADE

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please circle program below:
(The below rates are the monthly rate.)

| | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
|--|----------------|-----------------|-----------------|-----------------|-----------------|
| Afternoon Program 1:00-6:00 p.m. (5 hrs) *Includes Big Wednesdays | | \$336 | \$429 | \$475 | \$550 |
| Summer Program 9:00-5:30 p.m. (8.5 hrs) | | \$528 | \$726 | \$814 | \$ 946 |
| Big Wednesday's (Gr. 1-12) | \$75/monthly | | | | |

Total Amount Due = \$ _____

Payment will be made (please check one): in full monthly other _____

Payment by (please check one): check credit card

Note: there is a 3.5% processing fee on each transaction over \$100.00

Credit Card Number _____

Which credit card? MasterCard Visa Discover AmEx

Name on Card _____ Expiration Date _____

Security Number on Back of Card _____ Signature _____

Thank you!