



TEMPLE BETH TIKVAH CHAVAYA SCHOOL

1600 N. ACACIA AVENUE
 FULLERTON, CA 92831
 (714) 871-3535
 Email: info@tboc.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*		\$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. Saturdays 9:00 a.m.-12:00 p.m. & Wednesdays 4:30-6:30 p.m.	\$1,065 \$80 / hr. for extra tutoring
*NOTE LATE START CHAVAYA ONCE A MONTH 4:00-7:00 p.m. (calendar forthcoming)		
Big Wednesdays at TBT (Gr. 1-12)	After School - 4:30	\$75/month
Multi-Age Confirmation Class (Post B'nai Mitzvah-12 th grade)	Wednesdays, 6:00-7:30 p.m. two 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-2nd 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 (The below rates are the monthly rate)					
	1 day/week	2 days/week	3 days/week	4 days/week	5 days/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				
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 (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 Geshher (____ days/wk) _____ see page 1 for fees \$ _____

Children Registered Big Wednesdays
(Included if enrolled in Geshher) _____ 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

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 _____