



Religious and Hebrew School Registration, 2010/2011 School Year

It is our goal at Temple Beth Tikvah to make TBT Religious School available to every family that wishes to participate. Please make every effort to submit this form as soon as possible, but **not later than August 1, 2010**, so that we have adequate time to plan the school year. Scholarships are available for those in need of financial assistance. Please contact our Treasurer, Jeff Adler, at jadler@bendcalble.com / 541-318-6216 or our Director of Education, David Uri, at daviduri@bendbroadband.com / 541-633-7154. All information will be kept strictly confidential.

Parent/s Name/s: _____

Preferred Family Email(s): _____

Child 1: _____ Date of Birth _____ Age as of Sept 2010 ____ Grade ____

Hebrew name: _____

Child 2: _____ Date of Birth _____ Age as of Sept 2010 ____ Grade ____

Hebrew name: _____

Child 3: _____ Date of Birth _____ Age as of Sept 2010 ____ Grade ____

Hebrew name: _____

Children's Address:

Street: _____ City: _____ Zip: _____

Phone number: _____ Cell Phone: _____

Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Does your child/children have any allergies or medical issues? Please explain.

Parent/s Address/es [if different from child]:

Street: _____ City: _____ Zip: _____

Parent 1: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent 2: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Given the size of our education program, parent involvement is essential. Please describe below your availability to volunteer during the school year. Volunteer activities include in-class assistance, snacks, supplies, committee involvement, holiday events, etc.

RELIGIOUS SCHOOL TUITION - Our fees include books and materials.

SUNDAY SCHOOL

Name

Child 1: _____ \$135 _____

Child 2: _____ \$115 _____

Child 3: _____ \$100 _____

HEBREW INSTRUCTION (*children should be at least 7 years of age*)

Name

Child 1: _____ \$180 _____

Child 2: _____ \$160 _____

Child 3: _____ \$140 _____

Total Tuition \$ _____

Please indicate your preference to pay: Annually ___; Semi-annually ___; Quarterly ___ or Monthly ___
Please set up your payments to be paid at the appropriate time. We do not routinely send out statements.

Please mail this form with your enrollment check to:

Temple Beth Tikvah
P.O. Box 7472
Bend, OR 97708-7472