



Viterbi Torah School

2009-2010 Registration Form

STUDENT INFORMATION

Name _____
Last First Middle

DOB _____ Gender: Male Female
MM/DD/YYYY

Hebrew Name _____

Torah School Grade _____

Public/Secular School Name _____

Public/Secular School Grade _____

By checking here permission is not given to use my child's pictures for display in the VTS/Beth El website, mailings, and print materials.

By checking here permission is not given to publish our family contact information in a VTS student roster.

PARENT INFORMATION

Parent 1 Name _____

Parent 2 Name _____

Address _____
Street

City, State Zip

Address _____
Street

City, State Zip

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____
 I do do not wish to receive email updates.
 Please contact me with volunteer opportunities.

Email _____
 I do do not wish to receive email updates.
 Please contact me with volunteer opportunities.

Marital Status of Parents: Married Widowed Separated Divorced Other _____

If parents are divorced who has legal custody: Parent 1 Parent 2 Both Other _____

Sibling Name _____ Grade _____ VTS Student Yes No

Sibling Name _____ Grade _____ VTS Student Yes No

Sibling Name _____ Grade _____ VTS Student Yes No

Emergency Contact Information (OTHER THAN PARENT)

Name _____ Relationship _____

Home(_____)_____-_____ Work(_____)_____-_____ Cell(_____)_____-_____

Health Information & Authorization

****One Form Per Student****

Name of Student: _____

All information will be kept strictly confidential. Only the Director of Education, Associate Director of Education and the Executive Director will have access to this form.

Please check the box if any of the following apply to this student:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Cancer	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Disorders	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Eye Trouble	<input type="checkbox"/> Fainting	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Lactose Intolerant
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Other	<input type="checkbox"/> Wears Glasses for Reading	<input type="checkbox"/> Wears Contact Lenses

Please describe (use extra sheets, if necessary) any details concerning items checked above or other medical issues.

Allergies to:

Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____

I/We certify that the above mentioned statements are complete, true and accurate to the best of our knowledge and belief. I/We authorize and consent that my child, whose name appears above and is attending Congregation Beth El Viterbi Torah School, may receive emergency medical treatment in the event of any injury or illness. Any staff member or adult leader is granted permission to use the services of any physician or surgeon licensed under the provisions of the Medical Practice Act provided he/she is on the medical staff of a licensed hospital, or is licensed under the laws of the State of California, whether services are rendered at the office of the said physician or a licensed hospital, at Congregation Beth El, or on a field trip

I/We hereby indemnify and hold Congregation Beth El of La Jolla, its officers, directors, members, employees, agents and representatives (collectively referred to as “Beth El”) harmless from any and all claims, losses, suits, damages, injuries, costs, expenses or liability, including attorney fees, which Beth El may sustain or incur, in consequence of the student’s participation in, except to the extent such claims, injuries, losses, suits, damages, costs, expenses or liability are caused by Beth El’s negligence or other fault.

Parent 1 Name Printed	Parent 1 Signature	Date
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Parent 2 Name Printed	Parent 2 Signature	Date
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2009-2010 Family Tuition Agreement

Congregation Beth El does not want financial hardship to be a barrier to participation in our Torah School. Any member in need may apply for financial assistance. These requests are received and dealt with sensitively and confidentially by a few undisclosed members of the Board of Directors and will not be communicated or discussed with any member of the staff. Please request the necessary forms from the Synagogue office.

TUITION

Parent 1 Name _____ Parent 2 Name _____

Financial Responsibility: Both Parents Parent 1 Parent 2 Split Between Parent 1 ____% & Parent 2 ____%

Student Name	Torah School Grade	Tuition	Bagel Break (Optional)	Subtotal
		Grades K-1 st \$750 Grades 2 nd -7 th \$1,000	\$40	
1.				
2.				
3.				
4.				
TOTAL		\$	\$	\$

I would like to contribute \$_____ to the VTS Financial Assistance Fund, please add this to my balance.

PAYMENT ARRANGEMENT

It is the policy of Congregation Beth El that all tuition and fees are payable at the time of the registration, however we are happy to make a few payment arrangement options available. Full payment or partial payment with a payment arrangement is due no later than September 1, 2009.

Please select one for the following:

- Payment in full with application (5% Discount if paid in full by July 1, 2009)
- 50% payment with application & balance to be charged to my credit card:
 - Over 3 months (Oct. – Dec.)
 - Over 6 months (Oct. – March) *Additional \$60 annual fee
 - Over 9 months (Oct. – June) *Additional \$90 annual fee

PAYMENT

I/We agree to pay the full amount of tuition by September 1, 2009 or authorize Congregation Beth El to charge my credit card as set forth in above schedule. I/We also acknowledge that VTS tuition and fees are nonrefundable after October 15, 2009

Check Enclosed (Payable to Congregation Beth El) or Visa/MasterCard AMEX Discover

Card # _____ Exp. Date _____ AMEX Code _____

Parent 1 Name Printed _____

Parent 1 Signature _____

Date _____

Parent 2 Name Printed _____

Parent 2 Signature _____

Date _____