



Hesed Academy
Congregation Beth Israel
5783 Registration/2022-2023 School Year

Is your family new to our school? a. Yes b. No

SECTION A: FAMILY CONTACT INFORMATION

Primary Parent/Guardian

First name:

Last name:

Email:

Phone:

Cell phone:

Relationship to student(s):

Street Address:

City:

State:

Zip Code:

Secondary contact

Is there a secondary contact?

No

Yes, at the same address as primary contact

Yes, at a different address than the primary contact

Note: if there is a secondary contact, all emails and mailings will go to both contacts. In case of urgent need, the primary contact will be notified first.

First name:

Last name:

Email:

Phone:

Cell phone:

Relationship to student(s):

Street Address: (If different than primary contact)

City:

State:

Zip Code:

Emergency Contact If Parents Cannot Be Reached:

Name:

Best Phone Number:

Relationship to student:

Name of #1 adult with permission to pick up your child(ren):

Phone number of #1 adult:

Name of #2 adult with permission to pick up your child(ren):

Phone number of #2 adult:

SECTION B: STUDENT ENROLLMENT INFORMATION

A:First Name:

Last Name:

Middle Name:

Hebrew Name:

Street Address:

City:

State:

Zip Code:

Gender:

Date of Birth:

Secular School:

Secular school grade as of September 2022:

CBI School Grade as of September 2022:

B:First Name:

Last Name:

Middle Name:

Hebrew Name:

Street Address:

City:

State:

Zip Code:

Gender:

Date of Birth:

Secular School:

Secular school grade as of September 2022:

CBI School Grade as of September 2022:

Please add additional pages as needed.

My child(ren) is/are allergic to the following:

Name:

Allergy:

Name:

Allergy:

Name:

Allergy:

Name:

Allergy:

SECTION C: RELEASE FORMS

Medical Release

I hereby give my consent to the Director of Education, or their representative, to make available to my child(ren) professional medical care if such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse/partner or me before such action is taken. I give my permission for my child(ren) to receive proper medical care by any doctor, nurse, paramedic or member of a medical staff of a hospital licensed by the state of California should the need arise. This is to certify that my child(ren) is/are in good physical health, except as noted above. S/he has my permission to participate in all activities (not including field trips) that are part of the regular Religious/Hebrew School Program.

Parent's Signature:

Date:

By typing my name, I confirm I have read, understand and agree to the above.

Vaccination information

Student name	Date of flu vaccination	Dates of COVID-19 vaccination

Media Release

I hereby give permission to Congregation Beth Israel to take and use still photos and video of my child(ren) for appropriate media coverage including the Congregation Beth Israel newsletter, website and Facebook page. NOTE: if you do not sign this form, we will assume agreement to release photos and other information.

I give my permission for my child(ren)'s photos to be used:

- a. On any materials
- b. On specific materials with my permission
- c. I do not give my permission for my child's image to be used

Parent's Signature:

Date:

By typing or signing my name, I confirm I have read, understand, and agree to the above.

SECTION D: TUITION INFORMATION

Tuition Form
5783 / 2022-2023 School Year

Family Name: _____
Child #1: _____ Grade: _____ Amount Due: _____
Child #2: _____ Grade: _____ Amount Due: _____
Child #3: _____ Grade: _____ Amount Due: _____
B'nai Mitzvah fee for _____ Amount Due: _____

Total Amount Due: _____

Grade	Tuition
Kindergarten – Grade 2	\$625.00
Grades 3 – 6	\$750.00
B'nai Mitzvah Fee 7th grade	\$800.00
Grades 8– 12 (Aleynu)	\$300.00

Payment Options:

1. Credit/Debit Card Number: _____
Expiration Date: _____ Security Code: _____
Or
Bank Routing # _____ Account # _____

A. Payment in Full

B. 3 Automatic Payments on 8/11/2021, 11/11/2021, & 2/11/2021

2. Check Enclosed: \$ _____

3. Please send a Scholarship Application. Requested amount \$ _____

\$36.00 Discount Per Child enrolled by August 11, 2022.

**Please return completed forms by email to JulieC@CarmelBethIsrael.org
or by mail to:**

**Congregation Beth Israel
5716 Carmel Valley Road
Carmel, CA 93923**