



Abraham Ratner Torah School

TIFEREETH ISRAEL SYNAGOGUE

2018 - 2019 / 5779 Enrollment Application

I/We wish to enroll my/our child in the Abraham Ratner Torah School for the 2018/2019 school year. For returning students, enrollment is contingent on the family's full payment of all prior year's financial obligations to Tifereth Israel Synagogue.

Please note, there will be no refunds or prorating of fees once the school year begins. All fees are non-refundable

Please use one application per child. Please print clearly and complete the entire form.

Child's Last Name _____ First Name _____
 Hebrew Name _____
 Male Female Birth Date _____ Child's public school grade as of September 1st, 2018 _____
 Public School name and district _____
 Child's email _____

FAMILY INFORMATION

Parent/Guardian 1 Name _____ Email Address _____
 Street _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Parent/Guardian 2 Name _____ Email Address _____
 Street _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Do you or your child speak any language other than English? If yes, please list: _____
 What is the primary language spoken at home? _____
 It is the policy of Abraham Ratner Torah School for the student's family to be members of Tifereth Israel Synagogue. Are you members? Yes No

MEDICAL & EDUCATIONAL HISTORY

Name of Physician: _____
 Address: _____ Phone: _____
 Name of Dentist: _____
 Address: _____ Phone: _____
 Does your child have any allergies? Yes No If yes, please explain:

Does your child have vision impairments? Yes No If yes, please explain:

Does your child have hearing impairments? **Yes** **No** If yes, please explain:

Are there any educational concerns that we should know about? **Yes** **No**

If yes, please explain:

Does your child have an Individualized Education Plan? **Yes** **No**

If yes, please explain:

Are there medical concerns? **Yes** **No** If yes, please explain:

Are there behavioral concerns? **Yes** **No** If yes, please explain:

Does your child take any prescription drugs? **Yes** **No** If yes, please list and attach a **physician's** note:

Is there anything about your child or your home situation you feel we should know? **Yes** **No** If yes, please explain:

TERMS AND CONDITIONS

TUITION & REGISTRATION FEES

	School Registration fee and supply fee (K-7 th grade)	\$50.00
2nd Grade - 7th Grade	Wednesday 4:00 p.m. - 6:00 p.m. & Sunday 9:00 a.m. - 12:00p.m.	Fee \$1150.00
Kindergarten & 1 st Grade	Sunday 9:00 a.m. - 12:00 p.m.	Fee \$750.00
Total Tuition & Registration Fees:		\$ _____

Did you know... your tuition covers approximately 50% of the actual cost to educate your child, the balance is subsidized by the Congregation through dues and fund raising efforts.

If you would like to include a donation to help cover the tuition for a family unable to pay, please include the amount you would like to pay over your family's tuition rate.

If you would like to include a donation for the Religious School's operating expenses, please include the amount you would like to pay.

Donation – Family Tuition	\$ _____
Donation – Religious School Operating Expenses	\$ _____
Donation TOTAL:	\$ _____

SNACK CARDS (Will be added to your tuition unless you opt out.)

Check here if you want to opt out
(25 Sundays, 25 Wednesdays – pay now and save later!)

Kindergarten & 1 st Grade	\$20.00
2 nd Grade – 7 th Grade	\$45.00
Snack Total:	\$ _____

USY MEMBERSHIP (The applicable membership will be added to your tuition unless you opt out and additional paperwork will need to be completed)

Check here if you want to opt out

Machar (Grades 2-3)	\$25.00
Kadima (Grades 4-6)	\$50.00
USY (Grades 7-12)	\$75.00
USY Membership Total:	\$ _____

OVERALL TOTAL: \$ _____

SCHOLARSHIPS

Limited scholarships are available for TIS members only. Financial Consideration Applications are available in the Synagogue Office and must be filled out completely and returned by **Friday, June 8, 2018**.

METHOD OF PAYMENT Please initial one box only.

___ Pay in full with **check or cash by July 3, 2018** and enjoy a 3% discount.

___ Pay in full by **credit or debit card by July 3, 2018**. Please take advantage of our online payment service at www.tiferethisrael.com. Click on the "**Make a Payment**" button under the "**Quick Links**" on the left bar of the screen. We accept Visa, MasterCard and Discover.

___ Pay in up to **ten equal monthly installments starting in August 2018** on _____ (choose a day) with balance paid in full no later than **May, 2019**. Installment amount \$ _____

Charge my/our credit card as indicated above for the 2018-19 Torah School year.

Name of Cardholder _____

Card # _____

Expires _____ Phone _____

Zip Code of Billing Address _____

Signature of Card Holder _____ Date _____

I/We have read and agree to all the terms and conditions herein and contained in the following pages, which are made a part of this application as set forth in full at this point.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

FOR OFFICE USE ONLY

Approved by:

Torah School Director _____ Date _____

Administrative Director _____ Date _____

RECEIVED DATE _____ Class _____

ABRAHAM RATNER TORAH SCHOOL AT TIFEREETH ISRAEL SYNAGOGUE

ENROLLMENT CONTRACT 2018/2019

PLEASE INITIAL OR SIGN EACH SECTION

1. ENROLLMENT REQUIREMENTS

It is the policy of Tifereth Israel Synagogue for returning families that all financial obligations for the prior year to the Congregation and any of its school programs be fully paid before enrollment is accepted.

Initial: _____

MEDICAL, INSURANCE AND EMERGENCY INFORMATION

I/We agree to furnish all medical, insurance, vaccination records and emergency information forms required by the first day of school, **September 16, 2018**.

Vaccination Policy: Children must be up to date on all age-appropriate vaccinations per guidelines from the state of California Department of Public Health, including - but not limited to - measles, mumps, rubella, and pertussis. Proof of vaccination will be required.

Health Consent: I/We authorize and consent that my/our child _____ who is attending Abraham Ratner Torah School can 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 she/he 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, on TIS premises or on a field trip.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

I/We hereby indemnify Tifereth Israel Synagogue and all staff for all and any claims of any nature whatsoever resulting from any action taken above.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

2. TUITION PAYMENT PLANS

Abraham Ratner Torah School requires all families who do not pay tuition in full at the time of enrollment to sign up for up to 10 monthly payments by authorizing said monthly payments by credit/debit card.

Initial: _____

3. CONDUCT AND BEHAVIOR

I/We understand that in the event my/our child is unable to conform to the rules relating to appropriate conduct and behavior or if it is determined through ongoing observation and evaluation by administration and faculty that my/our child's developmental needs cannot be met, the administration has the right to require that my/our child be withdrawn. In such event, all tuition and fees, which are due and payable, will be prorated and re-billed to the withdrawal date.

Initial: _____

4. ADDITIONAL CHARGES & FEES

Insufficient Funds: There will be a \$25.00 handling fee for the processing of any check returned due to insufficient funds (NSF). Upon receipt of a second NSF check, all future tuition payments must be paid by a Bank Cashier's check or credit card.

Initial: _____

5. PHOTOGRAPH/VIDEO WAIVER

It is the practice of the Torah School to use photographs and videos of students involved in school activities in its publications and in other selected media for the purpose of promoting the Torah School. Children's names

are never used when appearing in publicity. I/We understand that I/we have the right to deny permission to produce and use such photographic or video material by so stating in writing before **September 16, 2018**.

Initial: _____

7. EDUCATIONAL FIELD TRIP WAIVER

My/Our child has my permission to go on educational field trips sponsored by the Torah School. I/We understand that they will travel by bus or private car and be accompanied by synagogue staff and parents. I/We agree to release, indemnify, and hold harmless Tifereth Israel Synagogue from all responsibility during supervised activities.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

It is clearly understood that no smoking or drugs (other than those prescribed by a licensed physician) will be permitted on any trip. It is also understood that in the event of behavior unacceptable to the staff, parents will be notified and the child will be sent home at the parents' expense.

8. REPORTING POLICY

California has a mandatory reporting statute. Any and all staff members must report any suspected physical abuse, sexual abuse or neglect to the proper authorities.

The Abraham Ratner Torah School does not discriminate on the basis of sex, race, and color, national or ethnic origin.

I/We understand and accept the terms of this enrollment contract.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____