

___ Pay in full by **credit or debit card by August 31st, 2022**. 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 2021** on _____ (choose a day) with balance paid in full no later than **May 2022**. Installment amount \$ _____

- Charge my/our credit card as indicated above for the 2021-2022 Torah School year.**
- Charge my/our ACH account as indicated above for the 2021-2022 Torah School year.**

Debit/ Credit Information

Name of Cardholder _____

Card # (Please provide this information over the phone.) Expires: _____

Phone _____

Full Billing Address and Zip Code _____

Signature of Card Holder _____ Date _____

ACH Information

Name on Account: _____

Routing Number: Please call with this information

Account Number: Please call with this information

Type of Account: CHECKING SAVINGS

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 _____



A.R.T.S.

ABRAHAM RATNER TORAH SCHOOL
at Tifereth Israel Synagogue

ABRAHAM RATNER TORAH SCHOOL AT TIFERETH ISRAEL SYNAGOGUE ENROLLMENT CONTRACT 2021/2022 **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, **12th September 2021**.

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 **5th September 2021.**

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 _____



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Program Model Options Form

Student Name (s): _____

I know that circumstances are different for everyone which is why I have offered a number of program options to best meet your needs. Please choose the model that is most convenient. As always, I will always abide by guidelines of our medical committee and the CDC when it comes to all schedules.

Enrollment Options for the 2021-2022 School Year (please check one):

_____ **In Person Model-** In person meetings on Sunday from 9:00 a.m. to 12:00 noon and Wednesdays from 5:15 to 7:00 p.m.* (time not finalized)

- I acknowledge that if I/we or my child(ren) participate in any in person events, there will be an additional waiver and release form to fill out and ultimately students may still have to occasionally attend online.

Initial: _____

_____ **Hybrid Model-** In person meetings on Sunday from 9:00 a.m. to 12:00 noon, online Hebrew tutoring for 30 minutes on Tuesday afternoons and independent chuggim activities.

- I acknowledge that while my preference is for in person instruction, there may be the requirement to move to the distance model at any point, or at multiple points, throughout the year.

Initial: _____

- I acknowledge that if I/we or my child(ren) participate in any in person events, there will be an additional waiver and release form to fill out.

Initial: _____

_____ **Distance Model-** Fully distanced learning with a combination of online and independent instruction.

There will be a session each Sunday Morning and another scheduled meeting during the week. Students under this model will be provided monthly with a box of supplies meeting the for all instruction and activities.

- Distance Model Modified- Under this model, the student would be completing their course work and attendance online, but you would also like to have the opportunity for occasional in person programs and activities throughout the year.

Yes, please

No, Thank You

Initial: _____

Parent/Guardian Signature _____ Date _____