



**WILLIAM S. MALEV SCHOOLS FOR RELIGIOUS STUDIES**  
 OF  
**CONGREGATION BETH YESHURUN**  
**RELIGIOUS SCHOOL AND HILLEL HIGH SCHOOL**  
**TUITION/FEE SCHEDULE**  
**2011-2012/5772**



Pages 1 - 4 should be completed for each family. Pages 5 and 6 must be completed for each student. Please print.

Student #1

Last Name	First	Middle	Hebrew Name
Birthdate      Sex      Daytime School Attending      Student E-mail (for Hillel students only)			
Enrolling in: Religious School (Grades K-7)      Hillel High School (Grades 8-12)			
Please circle: K 1 2 3 4 5 6 7		8 9 10 11 12	

Student #2

Last Name	First	Middle	Hebrew Name
Birthdate      Sex      Daytime School Attending      Student E-mail (for Hillel students only)			
Enrolling in: Religious School (Grades K-7)      Hillel High School (Grades 8-12)			
Please circle: K 1 2 3 4 5 6 7		8 9 10 11 12	

Student #3

Last Name	First	Middle	Hebrew Name
Birthdate      Sex      Daytime School Attending      Student E-mail (for Hillel students only)			
Enrolling in: Religious School (Grades K-7)      Hillel High School (Grades 8-12)			
Please circle: K 1 2 3 4 5 6 7		8 9 10 11 12	

Student #4

Last Name	First	Middle	Hebrew Name
Birthdate      Sex      Daytime School Attending      Student E-mail (for Hillel students only)			
Enrolling in: Religious School (Grades K-7)      Hillel High School (Grades 8-12)			
Please circle: K 1 2 3 4 5 6 7		8 9 10 11 12	

**FOR OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ C/C--CHECK NUMBER \_\_\_\_\_ NOTES \_\_\_\_\_

STUDENT #1: REG. FEE \_\_\_\_\_ BOOKS FEE \_\_\_\_\_ TUITION \_\_\_\_\_ E \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ S \_\_\_\_\_ FACTS \_\_\_\_\_

STUDENT #2: REG. FEE \_\_\_\_\_ BOOKS FEE \_\_\_\_\_ TUITION \_\_\_\_\_ E \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ S \_\_\_\_\_ FACTS \_\_\_\_\_

STUDENT #3: REG. FEE \_\_\_\_\_ BOOKS FEE \_\_\_\_\_ TUITION \_\_\_\_\_ E \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ S \_\_\_\_\_ FACTS \_\_\_\_\_

STUDENT #4: REG. FEE \_\_\_\_\_ BOOKS FEE \_\_\_\_\_ TUITION \_\_\_\_\_ E \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ S \_\_\_\_\_ FACTS \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**FIELD TRIP AUTHORIZATION**

\_\_\_\_\_ YOU HAVE MY PERMISSION TO TAKE MY CHILD(REN), \_\_\_\_\_, ON ALL FIELD TRIPS THROUGHOUT THE 2011 – 2012 SCHOOL YEAR. I RELEASE BETH YESHURUN AND ITS PERSONNEL OF ANY RESPONSIBILITY WHILE IN TRANSIT.

\_\_\_\_\_ YOU DO NOT HAVE MY PERMISSION TO TAKE MY CHILD(REN), \_\_\_\_\_, ON ALL FIELD TRIPS THROUGHOUT THE 2011 – 2012 SCHOOL YEAR.

**PHOTOGRAPH PERMISSION**

THROUGHOUT THE YEAR WE TAKE PICTURES OF OUR STUDENTS ENGAGED IN A VARIETY OF ACTIVITIES. THESE PICTURES ARE USED IN OUR SCHOOL OR USED FOR PUBLICITY ANNOUNCEMENTS IN NEWSPAPERS (E.G. THE JEWISH HERALD VOICE, THE HOUSTON CHRONICLE AND/OR THE MESSAGE) OR ON THE BETH YESHURUN WEBSITE.

PLEASE FILL OUT THE INFORMATION BELOW AUTHORIZING THE USE OF YOUR CHILD(REN)'S PHOTOGRAPH.

\_\_\_\_\_ I GIVE CONSENT FOR MY CHILD(REN)'S PHOTOGRAPH TO BE PUBLISHED IN NEWSPAPERS (E.G. THE JEWISH HERALD VOICE, THE HOUSTON CHRONICLE AND/OR THE MESSAGE).

\_\_\_\_\_ I DO NOT GIVE CONSENT FOR MY CHILD(REN)'S PHOTOGRAPH TO BE PUBLISHED IN NEWSPAPERS (E.G. THE JEWISH HERALD VOICE, THE HOUSTON CHRONICLE AND/OR THE MESSAGE).

\_\_\_\_\_ I GIVE CONSENT FOR MY CHILD(REN)'S PHOTOGRAPH TO BE PUBLISHED ON THE BETH YESHURUN WEBSITE.

\_\_\_\_\_ I DO NOT GIVE CONSENT FOR MY CHILD(REN)'S PHOTOGRAPH TO BE PUBLISHED ON THE BETH YESHURUN WEBSITE.

**With my signature below, I acknowledge the statements above on this page, and I agree to follow the policies of the School as explained in the Student/Parent Handbook.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (for Hillel High School students only) \_\_\_\_\_ Date \_\_\_\_\_

Tuition for the 2011-2012 school year will be paid as follows:

**Option 1:**

\_\_\_\_\_ Tuition and fees paid in full with registration to Congregation Beth Yeshurun, payable by check, cash, money order, or credit card (subject to applicable processing fees). **This is the only option that is eligible for the Early Registration Discount.**

**Option 2:**

\_\_\_\_\_ Budgeted Payment plan through FACTS. Automatic Bank Payments (ACH) paid through FACTS in installments. Payments may be made on either the 5<sup>th</sup> or 20<sup>th</sup> of the month from your checking or savings account. Fees paid with registration.

**Option 3:**

\_\_\_\_\_ Fees paid with registration, but awaiting confirmation of financial assistance to pay balance. Upon notification of financial assistance from the Scholarship Committee, the balance will be paid in full by check, cash, or credit card (subject to applicable processing fees), or the balance will be paid in installments through FACTS.

**For all options, please return the entire registration packet to the Religious School office with payment to complete the registration process.**

School administration, based upon enrollment, makes teacher employment and other significant commitments. Therefore, if a student is withdrawn from the School, full payment of tuition and fees for the entire school year shall be due and payable as provided above, except in the following circumstances:

- A. Family moves out of town
- B. Catastrophic illness
- C. Child is enrolled in Jewish Day School for grades K-7 only

In the cases listed above, the fees are kept and the tuition is prorated effective the first day of the calendar month following date of withdrawal. **In all other cases, the fees and tuition are not refundable.**

**I agree to make tuition payments for the 2011 - 2012 school year according to the option I have selected above, and I understand that I must be a member in good standing at Congregation Beth Yeshurun before my children can begin Religious School or Hillel High School. Please contact the Religious School office at 713-666-1884, extension 334 with any questions.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Date

**TRANSPORTATION INFORMATION:**

IN ORDER TO BETTER SERVE THE SAFETY AND SECURITY OF OUR STUDENTS AND FAMILIES, PLEASE COMPLETE ALL INFORMATION BELOW WITH AS MANY DETAILS AS POSSIBLE. WE WANT TO ASSURE THE SAFE DEPARTURE OF ALL OF OUR STUDENTS AT EACH SESSION. PLEASE CONTACT THE SCHOOL OFFICE IF THERE ARE CHANGES DURING THE YEAR.

THE PEOPLE AUTHORIZED TO PICK UP OUR CHILD(REN) ARE:

NAME:	CELL PHONE:
_____	_____
_____	_____
_____	_____
_____	_____

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S NAME (PRINTED): \_\_\_\_\_

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**VOLUNTEER INFORMATION**

YOUR INVOLVEMENT IS IMPORTANT TO OUR SCHOOL IN ORDER FOR US TO EXCEL. WE NEED THE HELP OF OUR PARENTS IN A VARIETY OF WAYS. PLEASE COMPLETE THIS SECTION IF YOU ARE WILLING TO VOLUNTEER. YOUR ASSISTANCE IS GREATLY APPRECIATED!

I WOULD LIKE TO VOLUNTEER IN RELIGIOUS SCHOOL TO:

- \_\_\_\_\_ HELP WITH HOLIDAY TREATS
- \_\_\_\_\_ SERVE AS CHAIR OF THE MODEL SEDER
- \_\_\_\_\_ HELP WITH THE MODEL SEDER
- \_\_\_\_\_ HELP WITH YOUNG AUTHOR'S DAY
- \_\_\_\_\_ ACCOMPANY MY CHILD'S CLASS ON A FIELD TRIP
- \_\_\_\_\_ HELP WITH SPECIAL PROJECTS AS NEEDED
- \_\_\_\_\_ ASSIST AT JUNIOR CONGREGATION AS A GREETER OR AS NEEDED

I WOULD LIKE TO VOLUNTEER IN HILLEL HIGH SCHOOL TO:

- \_\_\_\_\_ HELP WITH PURCHASES/GO SHOPPING FOR HILLEL EVENTS
- \_\_\_\_\_ DRIVE TO/FROM A HILLEL OFFSITE EVENT.
- \_\_\_\_\_ SUPERVISE AT ONE OF THE *MENSCHES* IN ACTION SITES
- \_\_\_\_\_ OTHER

**Enrollment Form – Page 5**

**MEDICAL RELEASE FORM – PLEASE COMPLETE THIS PAGE FOR EACH CHILD ENROLLED IN RELIGIOUS SCHOOL OR HILLEL HIGH SCHOOL.**

I, \_\_\_\_\_, HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL AND/OR DENTAL ATTENTION TO BE ADMINISTERED TO MY CHILD, \_\_\_\_\_, IN THE EVENT OF ACCIDENT, INJURY, SICKNESS, ETC. I ALSO ASSUME THE RESPONSIBILITY FOR THE PAYMENT OF ANY SUCH TREATMENT.

DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
GROUP NUMBER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_

KNOWN ALLERGIES:

REQUIRED PRESCRIBED DRUGS AND DOSAGES:

MEDICAL CONDITIONS:

STUDENT'S NAME (PRINT) \_\_\_\_\_  
SIGNATURE (PARENT OR LEGAL GUARDIAN) \_\_\_\_\_  
DATE: \_\_\_\_\_

## Enrollment Form – Page 6

### SPECIAL NEEDS FORM – PLEASE COMPLETE THIS PAGE FOR EACH CHILD WITH SPECIAL NEEDS ENROLLED IN RELIGIOUS SCHOOL OR HILLEL HIGH SCHOOL.

IF YOU HAVE A CHILD WITH SPECIAL NEEDS, PLEASE PROVIDE THE FOLLOWING INFORMATION TO HELP MAKE HIS/HER RELIGIOUS SCHOOL/HILLEL HIGH SCHOOL EXPERIENCE A SUCCESSFUL ONE. THIS INFORMATION IS **STRICTLY CONFIDENTIAL** AND ACCESSIBLE ONLY TO THOSE INVOLVED IN HIS/HER EDUCATION AT THE SYNAGOGUE.

STUDENT'S NAME \_\_\_\_\_

SCHOOL CHILD ATTENDS \_\_\_\_\_ GRADE \_\_\_\_\_

IN SCHOOL, MY CHILD RECEIVES ACCOMMODATIONS:

\_\_\_ IN THE REGULAR CLASSROOM ONLY, WITH SPECIAL ASSISTANCE \_\_\_ HOURS PER DAY

\_\_\_ IN A SPECIAL CLASSROOM LESS THAN 25% OF THE DAY

\_\_\_ IN A SPECIAL CLASSROOM SETTING BETWEEN 25% AND 50% OF THE DAY

\_\_\_ IN A SPECIAL CLASSROOM MORE THAN 50% OF THE DAY

\_\_\_ IN A SPECIAL CLASSROOM ONLY

IN SCHOOL, MY CHILD RECEIVES THE FOLLOWING MODIFICATIONS (PLEASE CIRCLE):

CHANGES IN THE PACE OF INSTRUCTION

BEHAVIORAL MANAGEMENT SYSTEMS

EXTENDED TIME FOR ASSIGNMENT COMPLETION

SOCIAL SUPPORTS (BUDDY SYSTEM, SENSITIZATION OF CLASSMATES)

REDUCED PAPER/PENCIL TASKS

TAPED TEXTS

PREFERRED SEATING

OTHER \_\_\_\_\_

ON THE BACK, PLEASE INCLUDE A DESCRIPTION SUMMARY ABOUT YOUR CHILD INCLUDING STRENGTHS AND WEAKNESSES, PAST RELIGIOUS SCHOOL/HILLEL HIGH SCHOOL EXPERIENCE, AND SUGGESTIONS OF WHAT ACADEMIC, SOCIAL, EMOTIONAL AND/OR PHYSICAL MODIFICATIONS WOULD BE BENEFICIAL TO YOUR CHILD FOR THE NEXT SCHOOL YEAR.

WOULD YOU LIKE TO HAVE A CONFERENCE WITH YOUR CHILD'S TEACHER?

DO WE HAVE PERMISSION TO CONTACT YOUR CHILD'S SCHOOL?

IF YES, PLEASE PROVIDE:

TEACHER'S NAME \_\_\_\_\_

TEACHER'S E-MAIL \_\_\_\_\_

SCHOOL PHONE NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_