

**Peninsula Temple Beth El Youth and Family Education
STUDENT ENROLLMENT AND EMERGENCY FORM**

2011-2012 / 5772

RETURN to Front Office (one per student)

(For the front page, you may complete for one child and indicate same info for a sibling.

You must complete the back page individually for EACH child.)

Required
Attach a photo
of your child
here!

Peninsula Temple Beth El • 650-341-7701 • www.ptbe.org
• 1700 Alameda de las Pulgas • San Mateo, CA 94403 •

(Please Print Clearly)

Student Information

Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Email (teens only) _____			
Secular School _____	Grade in school _____	Grade at temple _____	
You may list up to two classmate preferences: 1. _____ 2. _____			

Parent/Guardian Information

If parents live in separate households, student lives with:

Both Parents Parent I only Parent II only

If parents live in separate households, send mail to:

Both Parents Parent I only Parent II only

Parent/Guardian I

Name _____
Address _____
City/State/Zip _____
Day/Work Phone _____
Evening Phone _____
Cell phone _____
Parent Email _____

Parent/Guardian II

Name _____
Address _____
City/State/Zip _____
Day/Work Phone _____
Evening Phone _____
Cell phone _____
Parent Email _____

Sibling(s) name(s)/grade(s) _____

Emergency Contacts (one of the following people will be notified if no parent/guardian can be reached)

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Medical and Dental Information

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Insurance Company _____	Policy #: _____

I do NOT want my child's name and/or picture included in temple brochures, newsletters, website, and other promotional material.

 Additional Information & Signatures Required on Reverse Side 

- For office use only -
Date stamp
 Processed

Student Name: _____ Grade: _____

Medical and Dental Information, continued

Please indicate any and all specific medical and/or psychiatric conditions including asthma, allergies, depression, or dietary restrictions for each child. All information is kept confidential and will be given only to appropriate PTBE staff, the child's teacher, and emergency personnel (if appropriate/necessary).

Is your child taking medication (including for emotional or psychological reasons)? Yes No

Medication name and dosage: _____

For what condition is medication being taken? _____

Does your child have or has s/he ever had any of the following?

An anaphylactic reaction Yes No

Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes Yes No

Hyperactivity or Attention Deficit Yes No

Special dietary needs Yes No

Any significant life changes or disruptions about which we should be aware Yes No

If you answered "yes" to any of the above questions, please describe:

The Educators and office staff have my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child. Yes No

Additional Information About Your Child

We are committed to providing all students with the tools they need to succeed at the temple, both academically and socially. To assist us, please provide us with the following information (*additional pages may be attached*):

What is the most important thing that we should know about your child? _____

What motivates your child? _____

Can we make any special accommodations for your child to give him/her the most positive learning experience? _____

Does your child have any special needs that you would like to share with our staff? If so, please describe:

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

- In the event of any emergency affecting the health or welfare of our child during which I/we cannot be immediately contacted, I/we authorize personnel of Peninsula Temple Beth El to seek emergency medical care, and I/we agree to assume responsibility for the cost of this care.
- I/We agree to uphold matters of school policy pertaining to my/our child and notify the school office in writing of any changes in the information listed on this form.
- I/We understand that at all fees for PTBE Education Programs must be paid in full unless special arrangements have been made. (For any financial arrangements please contact our Executive Director, Blair Brown, at 341-7701).

Signature of Parent/Guardian (REQUIRED): _____ Date: _____

- We have read and understood the ***Brit Kavod: Covenant of Respect***. We affirm the behavior expectations and values therein.

Signature of Parent/Guardian and Student: _____ \ _____

Peninsula Temple Beth El Youth and Family Education
FAMILY TUITION FORM

2011-2012 / 5772

RETURN to Front Office (one per family)

➔ REGISTRATION DUE BY June 10, 2011 ◀

➔ All registration forms received after that date will incur a late fee of \$100 per family ◀

Tuition Fees

K-3rd Grades Sunday Program or GESHER \$525	7th Grade Wed Night Teen Program (includes dinner & partial retreat fee) \$930
4th Grade Sunday Program or GESHER + Hebrew (includes <i>Mishkan T'filah</i> prayerbook) \$1,000	8th-9th Grades Wed Night Teen Program \$710
5th Grade Sunday Program or GESHER + Hebrew \$960	10th Grade (Confirmation) Wed Night Teen Program (includes partial retreat fee & Confirmation) \$910
6th Grade Sunday Program + Hebrew (includes 2 Shabbat meals) GESHER + Hebrew \$1,035 \$960	11th-12th Grades Every other Wed Night \$450
Teen Meal Options 8-10 Grade \$120/year \$50/Trimester	Teen Meal Options 11-12 Grade \$65/year \$25/Trimester

For K-6 GESHER and GESHER DS Families:

There is a one time **family participation fee** (includes cost of Shabbat meals) of \$360 per family (see back).

Other Tuition Rates

PreK Option GESHER Katan ("Little Bridge") (1 Shabbat evening per month) (at least one child age 4 plus family) \$250 (per family)	Day School Option GESHER DS (at least one child in grades K-6 plus family) \$525 (per student)
\$100 (with older sibling enrolled in GESHER)	

(Please indicate GESHER Katan or GESHER DS on reverse side.)

A Note about Tuition: There is a modest increase in fees for the coming year. Please keep in mind that the actual cost of our education programs is well over the tuition fees listed. To help support our programs, we encourage anyone who is able to make an additional contribution of \$180 per child or any amount above our standard fees to do so.

Thank you for your generous support.

NO student will be turned away from our programs for financial reasons. You may request a scholarship application by checking the appropriate box on the back of this form. Contact Blair Brown at extension 230.

Peninsula Temple Beth El Education Programs
FAMILY TUITION FORM 2011-2012 / 5772
RETURN to Front Office (one per family)

NAME(S) OF PARENT(S)/GUARDIAN: _____

Home Phone: _____ Cell Phone: _____ email: _____

Temple Membership Status (please check only one):

Continuing temple member in good standing.

New temple member joining as of the 2011-2012 school year

New families must join PTBE before registering.

Participating in our one-year introductory program (grades K – 3).

Grades 4-12

NAME(S) OF STUDENTS(S)	GRADE	JUDAIC OPTION (Grades K-6, indicate Sunday Program OR GESHER)	HEBREW OPTION *(Grades 4-5, indicate which day you would like your child to attend for Hebrew class: Tuesday OR Wednesday)	TUITION
1.				
2.				
3.				
GESHER & GESHER DS Family Participation Fee (\$360 per family – includes cost of Shabbat meals)				+
8th-10th grade WNP meal options (cost per student):		11th-12th grade WNP meal options (cost per student):		+
Entire Year: \$120		Entire Year: \$65		
Fall Trimester: \$50		Fall Trimester: \$25		
Winter Trimester: \$50		Winter Trimester: \$25		
Spring Trimester: \$50		Spring Trimester: \$25		
New 5th or 6th grader (\$40 for cost of <i>Mishkan T'filah</i>)				
Late Fee (\$100 per family if registering after June 10, 2011)				+
Additional Contribution (\$180 per student is recommended)				+
10% discount on the lowest tuition for a 3 rd child in the family				-
TOTAL FEES				

***Grade 6 HEBREW OPTION – Please note separate form to indicate scheduling preferences.**

Form of payment (please check):

Check enclosed in the amount of \$_____. Check # _____. Remaining balance will be billed on August 1 and due by August 15, 2011.

Please send me a *scholarship application*.

I have spoken to the Chief Operating Officer about payment arrangements.

– For office use only –

Date stamp

Processed

**Peninsula Temple Beth El Youth and Family Education
VOLUNTEER PREFERENCE PAGE
2011-2012**

Please Return to Front Office

We need your help! Parent participation is vital to the success of our programs and to our congregational community. We rely on families to volunteer time. Thank you for YOUR contribution.

Parent Name: _____

Children's Name and Grades: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check off the volunteer opportunities that interest you:

- Room Parents**
Room parents assist teachers with special class activities, help implement snack (Grades K-3), coordinate communication with parents, coordinate social activities, etc. Each grade needs at least two room parents. Please indicate which grade _____.
- Teacher Appreciation**
Help coordinate efforts to show appreciation for our teaching staff.
- Purim Carnival**
Plan and help with set-up, clean-up, running booths, coordinating volunteers, etc.
- SSH (Sunday Sandwich Hevra – Feeding the Hungry)**
Set up on SSH days, help children make lunches, deliver lunches to Samaritan House, help coordinate food donations.
- Special school programs**
Lend a hand at one of the special programs that take place during the year (i.e. opening/closing days, new member welcome, holiday celebrations, *tzedakah* initiatives, etc.) Please circle which you would like to do.
- Other**
(please specify): _____

Peninsula Temple Beth El Youth and Family Education
6th Grade Hebrew Enrollment Form – 6th Grade ONLY
2011-2012
Please Return To Front Office

The sixth grade Hebrew program consists of weekly small group Hebrew tutorials - a different learning model now in its third year! Groups of approximately 5-6 students meet with a Hebrew teacher for one hour each week for focused time to build Hebrew language and prayer reading skills. The small group format provides increased attention during this important year of Hebrew study before *bar/bat mitzvah*.

The weekly Hebrew groups are in addition to either the Sunday program or the Gesher (Bridge) program. *We especially encourage 6th grade families to enroll in Gesher so that you can become more familiar and comfortable with Shabbat services as students prepare to become bar/bat mitzvah the following year.*

Below you will find the scheduling options for the Hebrew small group. Please mark **your top 4** preferred time slots. We will do our best to accommodate one of your scheduling preferences. We understand that many 6th grade families are trying to coordinate with sibling schedules. Based on enrollment and your scheduling preferences, 5 or 6 groups will be offered. **Submit this form with your enrollment materials.** We will notify you of your child's placement in June.

Student Name: _____

___ SUNDAY 9:30-10:30am (GESHER students only)

___ TUESDAY 3:45-4:45pm

___ TUESDAY 4:45-5:45pm

___ WEDNESDAY 3:45-4:45pm

___ WEDNESDAY 4:45-5:45pm

___ THURSDAY 3:45-4:45pm

___ THURSDAY 4:30-5:30pm (at teacher's
home in Foster City)

Feel free to contact Rabbi Citrin with any questions (341-7701) or rabbikaren@ptbe.org.