

B'nai Israel Reform Temple
Religious School

67 Oakdale-Bohemia Road Oakdale, New York 11769
(631) 563-1660

Spring 2019

Dear Parent:

Registration for the September 2019 - May 2020 school year will take place during the months of June and July. This will enable us to plan more effectively throughout the summer for an orderly opening of school in September. Registration will take place by mail.

Please note that **after August 12th there will be a \$60 late registration fee** added to the tuition.

You will need to purchase books for your children and at the end of August you will receive a price list and details about the religious school book sale.

Please complete one registration form per family. A Confidential Personal Student Profile form must be filled out for **each** child being registered (including those being re-registered) and returned with the registration form. Please complete the enclosed registration form as thoroughly and accurately as possible so that the Board may provide the most beneficial religious education for your youngster(s). Registration forms should be returned to the Temple office as soon as possible. Please indicate on the registration form whether you plan to pay by check, credit card, or cash. Also let us know if you wish to be billed monthly..

If you have any questions regarding registration, please call Alice Lambert at 589-1375.

Sincerely,

Religious School Board of Education

Enclosures

B'NAI ISRAEL RELIGIOUS SCHOOL - CLASS SCHEDULE FOR 2019-2020

<u>Grade</u>	<u>Day</u>	<u>Time</u>
Pre-School	2 Sunday per month	9:30 -12:00
Kindergarten, 1, and 2	2 Sundays per month	9:30 -12:00
3	Every Sunday	9:30 -12:00
4,5,6 & Special Education	Every Saturday	9:30 -12:15
7	Every Monday	6:30 - 8:30
8 and 9	2 Mondays per month	6:30 - 8:30
High School	1 Monday per month	7:00 - 8:30

2019-2020 RELIGIOUS SCHOOL TUITION RATES

<u>Grade</u>	<u>Temple Members Tuition Fees*</u>	<u>Non-Temple Members Tuition Fees*</u>
Pre-School	No Fee	No Fee
Kindergarten	No Fee	No fee
1 and 2	\$320	\$745
3 and 4	\$570 1st Child \$505 2nd Child	\$1,530
5 - 7	\$685 1st Child \$585 2nd Child	\$1,660
8 - 9	\$320	\$745
High School	\$ 70	\$ 150

***After August 12, 2019, there will be an additional late fee of \$60.**

HOW TO DETERMINE YOUR TUITION

1. Using the tuition schedule above, select the HIGHEST possible fee that would apply to ANY OF YOUR CHILDREN. Write that amount on the line to the right: \$ _____

2. If you have a second child enrolled, the fee marked "2nd child" for his or her appropriate grade would apply. (Please note, some grades have only one fee.) Write the appropriate fee on the line to the right: \$ _____

3. Add up the two amounts listed above and write the total on the line to the right. This is your annual tuition fee: \$ _____

NOTE: Any additional children in your family may be registered with no charge whatsoever.

CONFIDENTIAL PERSONAL STUDENT PROFILE 2019-2020

(All information will be kept confidential)

Student's Name _____
Last First Middle

Date of Birth ____/____/____ Male ___ Female ___

Address _____ Zip _____

Home Tel. # _____ Cell # _____ Email _____

Mother's Name: _____
Last First Occupation

Father's Name: _____
Last First Occupation

Names of brothers and sisters _____ Ages _____

1. Was child in Religious School last year? Yes ___ No ___

If Yes: a) Where? _____ What grade? _____

2. Did child attend Religious School before last year? Yes ___ No ___

Please list: _____

3. Does child have any problems in school? Yes ___ No ___ (Check where applicable)

a. Social _____ c. Intellectual _____ e. Reading _____
b. Emotional _____ d. Physical _____ f. Attention deficit Disorder _____
Glasses _____ g. Other _____
Hearing aid _____

Please elaborate: _____

4. Is child in special class in public school? _____

a. Resource? _____ b. Special Education? _____ C. Advanced? _____

5. Is child on any medication? _____ (Explain _____)

6. Does child have any allergies? _____ (Explain _____)

7. Is there any other information that you'd like us to know about your child?

(Explain) _____

Parent's Signature _____ Date _____

CONFIDENTIAL PERSONAL STUDENT PROFILE 2019-2020
(All information will be kept confidential)

Student's Name _____
Last First Middle

Date of Birth ____/____/____ Male____ Female____

Address _____ Zip _____

Home Tel. # _____ Cell # _____ Email _____

Mother's Name: _____
Last First Occupation

Father's Name: _____
Last First Occupation

Names of brothers and sisters Ages

1. Was child in Religious School last year? Yes____ No____

If Yes: a) Where? _____ What grade? _____

2. Did child attend Religious School before last year? Yes____ No____

Please list: _____

3. Does child have any problems in school? Yes____ No____ (Check where applicable)

a. Social _____ c. Intellectual _____ e. Reading _____
b. Emotional _____ d. Physical _____ f. Attention deficit Disorder _____
Glasses _____ g. Other _____
Hearing aid _____

Please elaborate: _____

4. Is child in special class in public school? _____

a. Resource? _____ b. Special Education? _____ C. Advanced? _____

5. Is child on any medication? _____ (Explain _____)

6. Does child have any allergies? _____ (Explain _____)

7. Is there any other information that you'd like us to know about your child?

(Explain) _____

Parent's Signature _____ Date _____