

*B'nai Israel Reform Temple*  
*Religious School*

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

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Spring 2020

Dear Parent:

Registration for the September 2020 - May 2021 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 11<sup>th</sup> there will be a \$35 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.

Registration forms may be emailed to [Office@bnai-israel.org](mailto:Office@bnai-israel.org)

Or mailed to: B'nai Israel Reform Temple, 67 Oakdale-Bohemia Rd, Oakdale, NY 11769

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

## B'NAI ISRAEL RELIGIOUS SCHOOL - CLASS SCHEDULE FOR 2020-2021

<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

### 2020-2021 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 11, 2020, there will be an additional late fee of \$35.**

### HOW TO DETERMINE YOUR TUITION

- 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: \$ \_\_\_\_\_
- 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: \$ \_\_\_\_\_
- 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.

RELIGIOUS SCHOOL REGISTRATION FORM 2020 - 2021

PRE-SCHOOL - GRADE 12

Temple Member (\_\_\_)    Non-Temple Member (\_\_\_)

Mother's name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Father's name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone#2 \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

REGISTRATION INFORMATION

Child's Name	M/F	Birth Date Mo/Day/Yr	Rel. Sch. Grade 9/20	Date Child turns 13	*Yrs In Rel Sch	Fee
Last _____ First _____						
Last _____ First _____						
Last _____ First _____						
Last _____ First _____						

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Total # of years in religious school before 2020-2021.

**Payment**

Check   
Cash  Do not mail  
Credit card  Please call the office.  
Bill me monthly  Include first month

**For Office only**

Total \_\_\_\_\_ Late Fee \_\_\_\_\_  
Paid \_\_\_\_\_ Date \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Rec'd By \_\_\_\_\_

# CONFIDENTIAL PERSONAL STUDENT PROFILE 2020-2021

(All information will be kept confidential)

Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell# \_\_\_\_\_  
Last First Occupation

Father's Name: \_\_\_\_\_ Cell# \_\_\_\_\_  
Last First Occupation

Names of brothers and sisters \_\_\_\_\_ Ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes: Where? \_\_\_\_\_ What grade? \_\_\_\_\_

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

If Yes: Where? \_\_\_\_\_

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/ Guardian \_\_\_\_\_ Date \_\_\_\_\_