

PRICE LIST - 5779 SCHOOL YEAR (2018 -2019)

GRADE	PROGRAM	SCHEDULE	FEE'S
K thru 5th	Religious School	Wednesday 4:00 - 6:00 pm & Saturday 10:00 - 12:00 pm	Included with membership
6th	Religious School	Wednesday 4:30 - 6:00 pm & Saturday 10:00 - 12:00 pm	Included with membership
Bar/Bat Prog.	J2M/Kadima	Tuesdays 5:00-7:00 pm	Included with B'nai Mitzvah fees
Middle school	Kadima (Post J2M)	Tuesdays 5:00 - 7:00 pm	\$ 75 (\$100 non member)
High School	USY	Every other Wednesday 7:00 - 8:30 pm	\$ 75 (\$100 non member)

STUDENT NAME	GRADE 2018-2019	PRICE
	DISCOUNT _____	
	TOTAL AMOUNT DUE _____	

CREDIT CARD AUTHORIZATION

Please charge the following credit card:

- Visa
 MasterCard
 Discover Card
 American Express

Name on credit card _____

Credit Card Number _____ Exp. Date: _____ Security Code: _____

Credit Card Billing Address: _____

City, State, ZIP _____

I authorize Beth Torah to charge my credit card the amount indicated above.

Signature: _____ Date: _____

Beth Torah Adath Yeshurun Inc.

Benny Rok Campus - 20350 NE 26th Ave., North Miami Beach, FL 33180

Main Office: 305.932.2829 Main Fax: 305.933.6955 Email: grascovsky@btbrc.org

www.btbrc.org

Beth Torah Benny Rok Campus KIDS & TEENS PROGRAMS Registration



A CONTINUOUS JOURNEY IN JUDAISM
with **AFTER SCHOOL PROGRAMS**
for every age group from K - 12th grade



**FREE
TUITION**
included with
membership

Thank you for becoming a part of our unique Kids and Teens programs. We look forward to sharing with your family meaningful and joyful moments as we journey together through **AN UNMATCHABLE JEWISH EXPERIENCE**

More than a Synagogue... we are Family!



REGISTRATION FORM 5779 SCHOOL YEAR (2018 -2019)

PARENT/GUARDIAN # 1

Title _____ First Name _____ Last Name _____
Address: _____
City _____ ZIP _____ Home Phone _____
Cell Phone _____ E-mail Address _____

PARENT/GUARDIAN # 2

Title _____ First Name _____ Last Name _____
Address _____
City _____ ZIP _____ Home Phone _____
Cell Phone _____ E-mail Address _____

STUDENT # 1

First Name _____ Last Name _____ M F
DOB _____ Secular Grade 18/19 _____ School _____
Student Cell _____ Student E-mail _____
Hebrew Name _____ Future Bar/Bat Mitzvah Date _____
Allergies _____ Medications _____

STUDENT # 2

First Name _____ Last Name _____ M F
DOB _____ Secular Grade 18/19 _____ School _____
Student Cell _____ Student E-mail _____
Hebrew Name _____ Future Bar/Bat Mitzvah Date _____
Allergies _____ Medications _____

STUDENT # 3

First Name _____ Last Name _____ M F
DOB _____ Secular Grade 18/19 _____ School _____
Student Cell _____ Student E-mail _____
Hebrew Name _____ Future Bar/Bat Mitzvah Date _____
Allergies _____ Medications _____

GRANDPARENTS (PATERNAL)

First Names _____ Last Name _____
Address: _____
City _____ State _____ ZIP _____ Home Phone _____
Cell Phone _____ E-mail Address _____

GRANDPARENTS (MATERNAL)

First Names _____ Last Name _____
Address: _____
City _____ State _____ ZIP _____ Home Phone _____
Cell Phone _____ E-mail Address _____

EMERGENCY CONTACT# 1

Name _____
Home Phone _____
Cell Phone _____
Relationship _____

EMERGENCY CONTACT# 2

Name _____
Home Phone _____
Cell Phone _____
Relationship _____

INDIVIDUALS WHO CAN PICK-UP STUDENT

Relationship to Student (s)

1. _____
2. _____
3. _____

- 1. Payment Acknowledgement:** It is agreed that payments of all tuition and fees will be received on time. Beth Torah Benny Rok Campus has the right and responsibility to make every effort to assure the on time collection of all outstanding balances due and may, in cases of non-compliance, elect to terminate the relationship.
- 2. Name, Photograph, Information:** I agree to allow my child's name, photograph, and information to be used by the school in the school's publications, videos, promotional materials social media and website, without compensation and without prior notice. I release and hold the school harmless from any liability stemming from the use of my child's name, photograph, or information.
- 3. Field Trips:** I hereby grant permission for my child to participate in any and all field trips arranged or conducted by the school and/or arranged or conducted by any of the groups associated with or affiliated with Beth Torah Benny Rok Campus. I further authorize the school to act as my agent to obtain emergency treatment for my child in any event where it may not be possible for the school to contact me in sufficient time to receive permission for such emergency treatment. All costs which may be incurred by reason of such emergency treatment performed for my child shall be my responsibility.
- 4. Records:** I hereby consent and hold the school harmless for the release of my child's records and information upon request by an educational institution or law enforcement agency. I also release and hold the school harmless from any liability stemming from the use, disclosure or release of my child's records or information.
- 5. No Refund Policy:** I/We understand and accept that Beth Torah Benny Rok Campus. does not refund deposits, tuition fees, or any other payments to the school, if we decide to remove our child(ren) from the school after registration, except in the following circumstances: where the school has counseled us to withdraw our child; where we have applied for a Visa to enter the USA and been refused; where we had hoped to move to the area but are no longer able to do so; where we are moving away from the area for a job or to make aliyah; or where an offer of financial assistance is insufficient for us to meet all payment obligations.
- 6. Binding Arbitration and Prevailing Party Status:** We believe that arbitration is the most appropriate way to resolve any dispute that may arise between Beth Torah Benny Rok Campus. and you. By signing this application, you and BTBRC agree that any and all disputes arising out of or related to your child's enrollment in Beth Torah, or to any other aspect of the relationship between you and/or your child, on the one hand, and Beth Torah or any of its employees, on the other, shall be heard and determined exclusively by final and binding arbitration before a single arbitrator under the Commercial Arbitration Rules of the American Arbitration Association, in Miami-Dade County, Florida and judgment upon the arbitration award may be entered in any court of competent jurisdiction. The substantive laws of Florida shall be applied in resolving any such dispute. Agreeing to final and binding arbitration means forgoing many elements of litigation in court, most notably detailed discovery, trial by jury, and the right to appeal. Beth Torah Benny Rok Campus believes that the advantages of relative speed and economy, and of confidentiality, outweigh any disadvantages. Should you have any questions regarding this choice of process, we recommend that you consult with counsel prior to signing this application. The prevailing party in the arbitration proceeding shall be awarded all costs and reasonable attorney's fees in an amount determined by the arbitrator. Such an award shall include the costs and reasonable attorney's fees incurred in the arbitration proceeding as well as the costs and reasonable attorney's fees incurred in preparing for and attending any scheduled mediation.

ACCEPTED BY

Parent/Guardian#1 Signature: _____ Date: ____ / ____ / ____

Parent/Guardian#2 Signature: _____ Date: ____ / ____ / ____