



# Congregation Beth Shalom Religious School Application for Enrollment

Please complete your application, one for each child, and return with **\$200** supply fee.

Congregation Beth Shalom  
Religious School  
21430 Centre Pointe Pkwy  
Santa Clarita, CA 91350  
661-254-2411  
Fax 661-254-7912

Child lives with:

- Both parents
- Mother only
- Father only
- Other (please explain)

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Parents are:

- Married     Separated
- Divorced     Widowed

In the case of separation or divorce, it is necessary for the school to have this information and signatures for both parents. Please submit a photocopy of this information with your application.

If not available, please provide an explanation:

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<b>Child:</b> _____	Gender: M ___ F ___	Applying for Grade: _____
_____ Last Name	_____ First Name	
_____ Name Child Prefers at School	_____ Hebrew Name	
_____ Date of Birth	_____ Child's Email	

**For returning children, if information in the following sections is the same as last year, please write SAME in each section.**

_____ Address		
_____ City/State/Zip		_____ Is Child Jewish?
_____ Home Telephone	_____ Secular School	
<b>Parent/Guardian:</b> _____	Mr.____	Mrs.____ Ms.____ Dr.____
_____ Name	_____ Employer	
_____ Home Address	_____ Job Title	
_____ City, State, Zip	_____ Profession	
_____ Home Telephone	_____ Business Address	
_____ Cell Phone	_____ City, State, Zip	
_____ Relationship to Child	Is Parent Jewish?	_____ Business Phone
_____ Email Address		_____ Business Email Address
<b>Parent/Guardian:</b> _____	Mr.____	Mrs.____ Ms.____ Dr.____
_____ Name	_____ Employer	
_____ Home Address	_____ Job Title	
_____ City, State, Zip	_____ Profession	
_____ Home Telephone	_____ Business Address	
_____ Cell Phone	_____ City, State, Zip	
_____ Relationship to Child	Is Parent Jewish?	_____ Business Phone
_____ Email Address		_____ Business Email Address

Please complete page 2  
(over)

**For returning children, if information in the following section is the same as last year, please write SAME in each section.**

**Other Children in Family:**

<i>Name</i>	<i>Birthdate</i>	<i>Public or Private School</i>

**Parental Consent to Emergency Care for Minor**

I/We hereby give permission for the above named child to be given emergency care as authorized or directed by any adult person acting on behalf of Congregation Beth Shalom and CBS Religious School. Such care may include hospital care, medical or surgical diagnosis or treatment, or x-ray examination as deemed necessary by a physician or surgeon and rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act; and x-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. I/We further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Congregation Beth Shalom and Congregation Beth Shalom Religious School personnel will try but not be required to communicate with me or my child's personal physician prior to such treatment. All information is confidential.

Signature (parent or guardian) \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Local Relative/Friend \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any special medical conditions, allergies, medications, dietary restrictions, etc.

\_\_\_\_\_

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**Religious School Fees & Class Schedule**

Kindergarten, 1 <sup>st</sup> grade, 2 <sup>nd</sup> grade:	\$620	Sundays	9:00 – 11:30a
Aleph – Hay (3 <sup>rd</sup> – 7 <sup>th</sup> grade):	\$1120	Sundays	9:00 – 11:30a
Tutoring for Hay Class	\$720	Thursdays	4:00 – 6:30p
Gesher (8 <sup>th</sup> & 9 <sup>th</sup> grade):	\$605	<b>TBA</b>	<b>TBA</b>
Book, Supply & Parent Council fee for ALL STUDENTS:	\$200 (due now)		
Total Fees:	\$		

**Membership in good standing at CBS is required for Religious School registration.**

Only \$200 is required now to reserve your child's spot. The balance should be transferred to your membership packet form for payment. Thank you for entrusting your child's Jewish education with CBS.

I am interested in volunteering in the class. The best way to contact me is  by phone, \_\_\_\_\_  
 or via email @ \_\_\_\_\_