

2011-2012 Yachad – Initial Registration Form

Please do not put more than one child on a form. Use a separate form for each.

Please return the form to the CBE Main Office: 274 Garfield Place, Brooklyn, NY 11215; Fax: (718) 768-7414

Child's Name: _____ **Grade (2011-2012):** _____ **Gender:** _____
Phone Number: _____ **Secular School:** _____ **Date of Birth:** _____

Program Schedule – Check One of the Desired Placements Below:

Please note that this schedule is subject to change. You will be informed of any changes.

- Kindergarten: _____ Shabbat mornings 9:30am-12:00pm (optional gym activity until 12:30pm)
- 1st Grade: _____ Shabbat mornings 9:30am-12:30pm
- 2nd Grade: _____ Shabbat mornings 9:30am-12:30pm OR
_____ Monday 4:00pm-6:00pm
- 3rd Grade: _____ Shabbat mornings 9:30am-12:30pm and Thursday 4:00pm-6:00pm OR
_____ Monday and Wednesday 4:00pm-6:00pm AND 7 tefila (worship) experiences
- 4th Grade: _____ Shabbat mornings 9:30am-12:30pm and Thursday 4:00pm-6:00pm OR
_____ Monday and Wednesday 4:00pm-6:00pm AND 7 tefila (worship) experiences
- 5th Grade: _____ Shabbat mornings 9:30am-12:30pm and Thursday 4:00pm-6:00pm OR
_____ Monday and Wednesday 4:00pm-6:00pm AND 7 tefila (worship) experiences
- 6th Grade: _____ Shabbat mornings 9:30am-12:30pm and Tuesday 4:00pm-6:00pm OR
_____ Monday and Tuesday 4:00pm-6:pm AND 7 tefila (worship) experiences
- 7th and 8th Grade: _____ Tuesdays 5:30pm-7:45pm (includes dinner) AND 10 tefila (worship) experiences
- Academy (9th-12th) _____ Tuesday 6:00pm-8:00pm (includes dinner)

Due to the rich curriculum developed for the Yachad program, and the high learning goals set for our students, the program for students in grades 3 through 6 runs two days per week. We expect all students in these grades to participate in the program for both days. Moreover, throughout the year the program has several family education programs which we strongly encourage our Yachad students to attend with their families. If you believe that you or your child will have difficulty in meeting this expectation, please contact Rabbi Epstein to discuss.

All students who choose the Monday program are required to attend at least 7 worship services (Friday and/or Saturday) at CBE between October and May. This is considered a part of our curriculum.

Please note that all CBE members must be in good standing with our financial office prior to registration.

2011-12 Program Fees. Please circle applicable fee.

	<u>Registration through Aug. 8th</u>	<u>Registration after Aug 8th with 15% late fee</u>
Kindergarten-Grade 2	\$ 1050	\$ 1210
Grade 3-6	\$ 1325	\$ 1525
Grade 7 & 8	\$ 1225	\$ 1410
Academy (9-12)	\$ 950	\$ 1100

Total Fee to be Paid: _____

***Payment must be paid in full or you can opt into the credit card plan, which allows you to pay in full, quarterly or monthly. If you are interested in the credit card plan please see attached Credit Card Form.**

Check Enclosed _____ (make check payable to Congregation Beth Elohim) or Credit Card Payment

***REGULAR YACHAD REGISTRATION CLOSES AUGUST 8TH THIS FORM MUST BE IN ON OR BEFORE THIS DATE TO NOT RECEIVE THE 15% LATE FEE.**

Please sign here to indicate that all of the above information is accurate and complete: (All information below **must** be completed to process registration)

Print Name: _____ E-mail Address: _____

Signature: _____ Date: _____

***ALL YACHAD STUDENT FAMILIES MUST BE MEMBERS OF CBE TO REGISTER. IF YOU WOULD LIKE TO BECOME A MEMBER, PLEASE CONTACT SARAH JACOBS PATULO AT 718-768-3814 X100 or spatulo@cbebk.org**

Congregation Beth Elohim

Date Submitted: ____/____/____

274 Garfield Place • Brooklyn, NY 11215
Tel: (718) 768-3814 Fax: (718) 768-7414
e-mail: businessoffice@cbebk.org

CREDIT CARD PAYMENT FORM

This form is enclosed if you desire to make payments using the following credit cards – MasterCard, Visa, Discover or American Express. By using this form, you authorize payment of dues and/or fees on either a single, quarterly or monthly basis for the items checked below. Please fill out the credit card information below and check off the items you wish to pay. This form is necessary for all credit card payments.

I/We plan to pay the following dues and/or fees to Congregation Beth Elohim with the credit card indicated below. Please charge the amount(s) due for each of the authorized items.

Each item is paid in the numerical order listed below. All payments will be applied in numerical order, until the item is paid in full, before applying to the next item in order.

CHECK ALL THAT APPLY

- (1) MEMBERSHIP
- (2) YACHAD
- (3) A.R.Z.A. Supporting Reform Judaism in Israel
- (4) ANNUAL FUND
- (5) BAR/BAT MITZVAH FEES
- (6) SPECIAL CONTRIBUTIONS
- (7) YIZKOR BOOKLET
- (8) OTHER

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card #: ____/____/____/____ Expiration Date: ____/____/____ Security Code* _____

* 3 DIGITS ON BACK OF VISA, MASTERCARD OR DISCOVER / 4 DIGITS ON FRONT OF AMERICAN EXPRESS. WE CANNOT PROCESS YOUR PAYMENTS WITHOUT THIS NUMBER.

Cardholder _____ Signature _____

(PLEASE PRINT LEGIBLY)

Address: _____ City _____ State _____ Zip _____

Email Address: _____ Home Tel: ____-____-____ Business Tel: ____-____-____

PLEASE CHECK PAYMENT OPTION. ALL PAYMENT OPTIONS WILL END IN THE CURRENT FISCAL YEAR.

(CBE FISCAL YEAR BEGINS JULY 1ST AND ENDS JUNE 30TH)

- One payment ____/____/____
Date
- Quarterly: beginning ____/____/____
____/____/____
____/____/____
____ 6 / 30 / ____
- Monthly: beginning ____/____/____

I/We understand that it is my /our responsibility to contact CBE in the eventuality that the card is lost, stolen or changed by the issuing bank. Fee will be waived provided that notification has been made to the CBE Business Office. Additional fees: \$30.00 fee will be charged each time a card is declined and \$10.00 for each payment date change.

CBE reserves the right to change fees for credit card usage.