



2016-2017 REGISTRATION FORM

Child's Name _____ Date of Birth _____ Age as of 12/1/16 _____ Gender ☐ M ☐ F
First Last

Family Name _____ Parent _____ Parent _____
First Last First Last

Address _____ Work Phone _____ Work Phone _____

City, State, Zip _____ Cell Phone _____ Cell Phone _____

Home Phone _____ Email _____ Email _____

TBZ Member? ☐ Yes ☐ No Other Temple affiliation? _____

NON CUSTODIAL PARENT WHO SHOULD RECEIVE SCHOOL INFORMATION

Name _____ Home Phone _____

Address _____ City, State, Zip _____

☐ Please **DO NOT** publish the above information in a school directory

EMERGENCY INFORMATION

IF A PARENT CANNOT BE REACHED:

CONTACT 1: _____ Phone _____ Relationship _____

CONTACT 2: _____ Phone _____ Relationship _____

I give my permission for my child to receive emergency medical transportation and treatment
if it becomes necessary and I cannot be reached by phone

Parent(s) Signature _____

1. Check Core Program

***REQUIRED CORE PROGRAM:**

PLACE "X" FOR SESSION
FILL IN BIRTHDATE
AND GENDER

		2s 9:00 a.m. – Noon Early Drop off begins at 7:30 am (half day)	3s 9:00 a.m. – 2pm Early Drop off begins at 7:30 am (half day)	4s 9:00 a.m. – 2pm Early Drop off begins at 7:30 am (half day)
BIRTHDATE	Gender M/F	T/TH Shefanim	M/W/F Zekitot	M/W/F Tziporim

2. Place an "X" for Additional Days and Hours

**** Early Drop off begins at 7:30 a.m.**

	TIME	AGE	M	T	W	TH	F
Shefanim ½ Day	7:30 – Noon			CORE		CORE	
Shefanim Full Day	7:30 – 6 pm						
Zekitot ½ day	7:30 – 2:00pm		CORE		CORE		CORE
Zekitot Full Day	7:30 – 6 pm						
Tziporim ½ Day	7:30 – 2:00pm		CORE		CORE		CORE
Tziporim Full Day	7:30 – 6 pm						

PLEASE COMPLETE OTHER SIDE



2016-2017
REGISTRATION FORM

TUITION SCHEDULE 2016-2017
FEES SUBJECT TO CHANGE

MONTHLY TUITION RATES

Shefanim (2's)	HALF DAY (7:30am – 12N)	FULL DAY (7:30am – 6pm)	Total Fee = Monthly Rate x 10
5 Days / Week	\$ 544.00	\$ 1004.00	
4 Days / Week	\$ 435.20	\$ 802.70	
3 Days / Week	\$ 326.40	\$ 659.40	
2 Days / Week	\$ 217.60	\$ 439.60	
1 Day / Week	\$ 108.80	\$ 219.80	

ZEKITOT/TZIPORIM (3's & 4's)	HALF DAY(7:30am – 2pm)	FULL DAY (7:30am – 6pm)	Total Fee
5 Days / Week	\$ 890.00	\$ 1074.00	
4 Days / Week	\$ 712.00	\$ 859.00	
3 Days / Week	\$ 534.00	\$ 699.00	
2 Days / Week			
1 Day / Week	\$ 178.00	233.50	

TOTAL TUITION

(a) \$

Non-refundable registration fee enclosed with this form

(b) \$ 100.00

TOTAL TUITION PLUS REGISTRATION FEE

(a+b) \$ _____

☐

Please send me information regarding tuition assistance

PAYMENT OPTIONS - PLEASE INDICATE YOUR SELECTION WITH YOUR SIGNATURE

Tuition Payment Option 1

Registration fee plus tuition paid in full with this form. Pay by check payable to Temple Beth Zion or you may use your VISA, MasterCard or Discover card.

Signature _____

Tuition Payment Option 2

Registration fee paid in full with this form. Pre-authorize tuition to be paid to Temple Beth Zion in 10 equal monthly charges to VISA, MasterCard or Discover card beginning August 15, 2016 and ending May 15, 2017.

Signature _____

Tuition Payment Option 3

Registration fee paid in full with this form. Tuition to be paid to Temple Beth Zion in 10 equal payments by check beginning August 15, 2016 and ending May 15, 2017.

Signature _____

CREDIT CARD INFORMATION

Card Number _____ Expiration Date _____

Name as it appears on card _____

PLEASE COMPLETE OTHER SIDE

Aaron and Bertha Broder Center for Jewish Education
716.836.6565 | 700 Sweet Home Road | Buffalo, New York 14226 | www.tbz.org