



REGISTRATION PACKET

2024-2025

Kindly complete the enclosed registration forms by April 14, 2024, for priority registration and return to the temple office at:

4311 Hood Road, Palm Beach Gardens, FL 33410

Please contact, Morli Josza, Executive Director, at morli@gotj.org or 561-624-4633 with any questions.

Parent Information:

Parent 1 Circle one: Mr. Mrs. Ms. Dr.

Full name _____

Home Address _____

Home Phone: _____

Cell Phone: _____

Email: _____

Child lives with:

___ Both parents ___ Mother ___ Father ___ Other _____

Parent 2 Circle one: Mr. Mrs. Ms. Dr.

Full name _____

Home Address (If different) _____

Home Phone: _____

Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Full name of 1st Emergency Contact: _____

Relationship to Student: _____

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Full name of 2nd Emergency Contact: _____

Relationship to Student: _____

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Name of Primary Doctor: _____

Doctor's Phone: _____ Preferred Hospital: _____

Permanent Release: If, and when, the need for medical attention arises during the period of my child's official participation in YEP program, and I cannot be contacted, I hereby grant permission for my child to be treated by qualified medical authorities at their discretion.

Name: _____

Signature: _____ Date: _____

YOUTH EDUCATION PROGRAM

PAGE 3-6 must be filled out for EACH CHILD SEPARATELY

Student information: New/returning student Sex: _____ Date of Birth: _____

*Each student requires an individual registration form.

Name: _____ Hebrew name: _____

School attending: _____ Grade for 2024/2025 School year: ____ Age: ____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

*This information will remain confidential.

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS TO THIS FORM.

Health Concerns: (Check all that apply)

Asthma ADD ADHD LD OTHER

Allergies: _____

Does your child have an Epipen? _____

Please list all prescription and over-the-counter medications your child takes regularly:

Describe any other important health-related information about your child that has required medical attention:

Check the O.T.C. medications (provided by the school) you permit be given to your child if needed. Dose will not exceed label directions.

NONE

All First Aid Supplies

Advil/Ibuprofen

Tylenol/Acetaminophen

Benadryl/Diphenhydramine HCL

Pepto-Bismol

Tums

We are looking forward to a great school year, promoting learning, friendship, and personal growth. We view parents as our partners in maximizing student success. Please help us better understand and meet your child's individualized learning and social-emotional needs by completing this form.

Has there been a serious illness, death, divorce, or traumatic experience in the family which may have had an impact on your child? If yes, please explain.

Does your child have a 504 Plan or an Individualized Education Program (IEP)? Yes No

Please list Special Education services received, accommodations or modifications (if applicable). Does your child receive any private related services (e.g. speech/ language/ occupational therapy, counseling)?

What does your child do especially well?

What difficulties does your child display?

If you have any questions or concerns, please describe them. Is there anything you'd like us to know about your child?

Thank you for all your help. We look forward to a wonderful year!

Warmly,

Morli Josza

2024-25
Youth Education Program of Temple Judea
BLANKET PERMISSION FORM
PLEASE FILL OUT FOR EACH CHILD



I hereby grant permission for Temple Judea to utilize artwork, photographs, or any other visual representation of my child in connection with any Temple Judea brochure, promotion, video, advertisement or other media.

Child's name: _____

Parent's signature: _____

Date: _____

PERMISSION TO ATTEND YEP FIELD TRIPS



General - Parental Consent and Release

I give my child permission to take part in YEP field trips. I release Temple Judea and its staff of any and all liabilities arising from any trip. In addition, I hereby give permission to the group's advisor and or chaperone to secure proper medical treatment in case of an emergency for the child named below in the event I cannot be reached.

Child's name: _____

Parent's signature: _____

Date: _____

Dear Parents:

We feel so fortunate that our school is flourishing, and that enrollment is up!

However, having larger class sizes presents us with the challenge of sometimes needing to break up or combine grades.

At the same time, we know that kids like to be with their friends.

With this in mind, we are asking each family to provide us with 2 friends that your child would like to be in class with. We will guarantee that they will be with at least one of them.

We will also do our best to ensure the ratio of boys to girls is as equitable as possible.

Thank you in advance for your response.

Your child's name:

Name of friend you want your child placed with:

Name of friend you want your child placed with:

**YOUTH EDUCATION PROGRAM
REGISTRATION FORM 2024-2025**

Please return this registration form to the temple office by April 14, 2024 for priority registration.

I would like to register my child for the following YEP programs:

Program /Age	Days of the week	Fee	# of Students	TOTAL
Kindergarten - 4th grade	Sundays 9:30-12:00pm	\$650		
5th and 6th graders	One on One Hebrew Lessons by Zoom T/W/Th 4:30-6:00PM Sundays 9:30 - 12:00pm	\$850		
7th and 8th Grade XL program - held once a month on either a Sunday morning or Friday night		\$360		
Security Guard Fee \$150 per year per student (K-6th grade)		\$150		
One time \$36 teacher gift per student (K-6th grade)		\$36		
DEPOSIT \$500 / FAMILY to be applied to 2024/25 tuition				-\$500
TOTAL				

* Each student requires an individual registration form.

*If not paid in full, a credit card or payment plan must be arranged with registration.

___ Enclosed is my check for the full amount of \$_____ or my non-refundable deposit of \$500/ FAMILY - payable to Temple Judea.

If you elect to not pay in full now - you will need to provide a credit card which will be billed beginning in August.

___ Please bill my credit card: 1 payment of _____; monthly of _____; quarterly of _____.

___ AMEX ___ VISA ___ MASTERCARD Card#: _____

Exp. Date _____ CVC Code: _____ Name on Card: _____

FOR 5th and 6th GRADE STUDENTS ONLY

Dear parents of 5th and 6th grade students:

As part of your child's Bar/Bat Mitzvah preparation, we begin one on one Hebrew language tutoring with 5th and 6th grade students. Sessions are 20 minutes / student / week and take place during the week. All parents will be surveyed in early August. Times are assigned on a first come/first served basis and are yearlong.

Temple Judea greatly subsidizes your child's one-on-one Hebrew Zoom tutoring. And we are happy to continue to do so provided you and your child respect your tutor's time.

- This means that your child will be on the call at their designated time.
- That you will notify the office at least 24 hours in advance of any lesson that your child cannot attend.
- That your child will not be in the car.
- That your child will have a computer.
- That your child will not be eating during their session.
- In the event your child is late to lessons, and/or your child is a "no show", you will be charged \$25 / session.

Kindly sign this form with your understanding of our tutoring expectations.

And please provide a credit card we will keep on file. It is our hope to never need to use your card.

I/We understand Temple Judea's tutoring policy and expectations for our child's Zoom lessons.

Printed Name

Signature

Credit Card #: _____

Exp. Date: _____

CVC: _____

LATE PICK UP

Unfortunately, we have had some issues with children being picked up late from religious school.

Pick up runs from 12:00 p.m. – approximately 12:10 p.m.

Any child who is not picked up by 12:15 p.m. is considered a late pick up.

Because we will need to pay our security guards to stay and at least one staff member to stay, late pick ups will be charged \$35/each 30-minute increment.

12:15 – 12:45 p.m. \$35

12:15 – 1:00 p.m. \$70

Please provide a credit card we will keep on file. It is our hope to never need to use your card.

It is our expectation that all parents will be here on time.

I/We understand Temple Judea's pick-up policy.

Printed Name

Signature

Credit Card #: _____

Exp. Date: _____

CVC: _____