



The Esther and Simon Adler Religious School
2024– 2025 Registration Form
(One form per student)

Student's Name: _____

Student's Hebrew Name: _____

Date of Birth: _____

Student's Academic Grade (K – 12th) for the **2024-2025** school year:

Name of public school attending for the **2024-2025** school year:

Name of sibling(s) also enrolling in ESARS Religious School (first and last):

Is this student a graduate of Wiston Family Torah Tots? Yes No

Has this student attended Religious School in the past and, if so, where?

Yes No Religious School Name:

Family Contact Information

Home Address: _____

City, State, and Zip code: _____

Parent 1 Name (first and last): _____

Parent 1 Hebrew Name: _____

Parent 1 Phone Numbers: Home: _____ Cell: _____ Other: _____

E-Mail address: _____

Parent 2 Name (first and last): _____

Parent 2 Hebrew Name: _____

Parent 2 Phone Numbers: Home: _____ Cell: _____ Other: _____

E-Mail address: _____

Can Parent 1 & Parent 2 receive information via text? Yes No

Parent Marital Status: Married Divorced Separated Single

Child lives with: Both Parents Mother Father Other _____

Is there Court Order barring either parent from removing the student from school?

Yes No

Do parents have shared (or joint) parental rights and responsibility? Yes No

Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent/guardian? Yes No

Does either parent have final decision-making authority regarding educational decisions for the student? Yes No

If yes, which parent _____

Please provide the school with a copy of ANY applicable court orders

Primary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last): _____

Relationship to Student: _____

Primary Phone Number: _____

Other Phone Number: _____

Secondary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last): _____

Relationship to Student: _____

Primary Phone Number: _____

Other Phone Number: _____

☆ Special Medical Alerts / Other Medical Information We Need to Know:

☆ Special Needs and IEP's: In order to best serve your child's learning needs please provide us with all relevant information so that we can develop the best possible plan to provide your child with a positive Religious School education and experience: (this information will be kept confidential.)



PLEASE COMPLETE AUTHORIZATION FORM BELOW AND SUBMIT TO RABBI JOYCE SIEGEL, EDUCATION DIRECTOR OF ESARS RELIGIOUS SCHOOL

AUTHORIZATION FOR EMERGENCY MEDICATION

All EMERGENCY MEDICATION (i.e. Benadryl, EpiPen) must be in the original container with the child's name, physician's name and medication directions printed clearly on the label.

CHILD'S NAME: _____ **AGE:** _____

MEDICATION(S): _____

DOSAGE: _____

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Important Information

- ★ By signing below, I give permission for my child to be photographed and video recorded during school events, on or off campus. Permission is granted for use of photos and likeness for promotional and/or archival purposes by any means and at the discretion of Temple Torat Emet, and the Jewish Federation of Palm Beach County without compensation. I also give permission for these pictures to be used and posted to any social media site by any representative of the above-named institutions.
- ★ **In the event of an emergency, if I am unable to be contacted, I grant permission to Temple Torat Emet, to authorize any emergency action necessary to ensure the safety of my child.** I agree to be liable and to pay for all costs and expenses incurred in connection with any services provided (e.g., ambulance, medical or dental services).
- ★ I give permission for my child to attend all ESARS field trips, unless otherwise indicated in writing prior to the event.
- ★ I agree to read the ESARS Religious School Parents/Students Manual (to be provided to me at orientation) and I agree that I and all members of my family will abide by all of the policies stated therein.
- ★ I agree to read and sign, together with my child, the Student Code of Conduct (to be provided to me at orientation) and I agree that I and all members of my family will abide by the items stated therein.

Please print the name of Parent/Guardian registering this student: _____

Parent/Guardian Signature: _____

Relationship to the student registrant if you are other than a parent: _____

STUDENT CODE OF CONDUCT

At ESARS Religious School, we treat everyone with respect, dignity and sensitivity. Simply put: we must not harm another person's body, another person's things or another person's feelings. We are respectful to peers, teachers, parents and friends.

The standards of ESARS are:

- We arrive on time.
- We come to class prepared.
- We complete all of our assignments to the best of our abilities.
- We ask good questions.
- We find ways to be helpful and cooperative.
- We honor diversity.
- We are respectful.

BEHAVIOR EXPECTATIONS

Students are expected to show respect for themselves, for other students and for their teachers. These standards help to maintain an environment where everyone can learn and feel good about themselves. Students are expected to behave in ways that are acceptable to classmates and conducive to learning.

Sometimes members of our kehillah (community) may fall short of these standards. They may act in ways that are disorderly or disruptive to the learning environment in our classrooms. These may include, but are not limited to:

1. Failure to carry out directions
2. Lying
3. Abusive language between or amongst students.
4. Disrespect to teacher or any other adult
5. Disrespect to fellow students.

Should any of these behaviors occur, possible sanctions may include: verbal and written reprimand, contact with parents, suspension from the program.

Disruptive conduct, defined as those activities that are directed against person or property, the consequences of which tend to endanger the health or safety of oneself or others in the school, may include, but are not limited to:

1. Vandalism
2. Theft
3. Bullying

Consequences for these behaviors may result in suspension or expulsion from ESARS Religious School.

Signature of Student: _____ Signature of Parent/Guardian: _____

Date: _____

PLEASE SIGN AND RETURN TO THE EDUCATION DIRECTOR PRIOR TO ATTENDING CLASSES.

2024-2025 ESARS Religious School Tuition Information *

- ✧ Registration is for the full school year: August 2024– May 2025.
- ✧ A nonrefundable \$50 registration fee and \$125 materials fee per child will be assessed.
- ✧ A nonrefundable \$18 PTO fee per child (maximum \$36 / family) will be assessed.
- ✧ All fees will be guaranteed and paid in full regardless of whether child completes the school year.
- ✧ Select the appropriate Tuition Amount:

K – 3rd Grade Tuition - \$700 4th - 7th grade Tuition - \$1049

- ✧ Second and any additional child tuition discount is 5%

* PARENT(S) ***MUST*** BE A TEMPLE MEMBER IN GOOD STANDING TO REGISTER CHILD(REN)

Parent/Guardian Signature: _____

Date: _____



PAYMENT PLAN A
Payment in full by
August 1, 2024
SAVE \$50 registration fee for each child. All forms must be included with payment.
SAVE 5% with a sibling discount.

PAYMENT PLAN B
Eight equal tuition
payments:
August 2024 - March 2025.
All fees must be included with registration form & first month payment.
SAVE 5% with a sibling discount.

EARLY REGISTRATION



SAVE an additional 5% off tuition if registered by July 10th.

Total Amount Due (\$50 registration + \$125 materials fee + \$18 PTO fee + Tuition Amount minus any applicable discount(s): \$_____ . All registration fees must be included with the registration form. If registering after Aug 1st, and choosing option B – first payment must also be included with registration form.

Please mail or bring the forms to:

Temple Torat Emet
Attn: ESARS Religious School 2024-2025 Registration
8600 Jog Road
Boynton Beach, FL 33472

Student Name: _____

To pay by credit card, please fill out the below authorization form:

CREDIT CARD AUTHORIZATION (Please note there will be a 3% service fee charged for the use of Credit Cards)

I, _____ (PRINT NAME) authorize Temple Torat Emet of Boynton Beach, FL, to charge my:

Visa/MasterCard/Discover (please circle one)

Credit Card # _____

Expiration Date _____ CVV# _____

Name as it appears on card _____

Mailing address for card _____

Your Signature _____

Phone number _____ Email Address _____

Amount to charge my credit card in payment for Religious School (initial plan selected)

_____ Plan A – pay in full (*total amount*) \$ _____

_____ Plan B – 8 equal tuition payments of: \$ _____

_____ NEW!- early registration discount by 7/10 \$ _____

(Note: the full registration, materials, and PTO fees will be added to the first installment).