

ENROLLMENT FORM (one per student)

STUDENT INFORMATION **New Student** **Returning Student**

First Name _____ Middle _____ Last Name _____
 Nickname _____ Hebrew Name _____
 Secular Birth Date _____ after sunset Preferred Pronouns (e.g. she/her) _____

EDUCATIONAL BACKGROUND

Secular School (as of Sept. 2018): _____ Grade _____
 Religious School, other than CBST: _____
 Student's special interests/activities: _____
 Commitments that may affect attendance at CBST: _____

Please share any special learning needs. The information you share remains confidential, used by faculty solely to deliver the highest quality education for each student.

- ADHD / ADD
- Autism Spectrum Disorder
- Dyslexia
- English is not student's primary language
- Difficulty understanding spoken or written instructions
- Student has an IEP or GIEP (attach a copy)
- Academically gifted
- Behavioral needs
- Other (note below)

Please share any strategies that have been successful in working with student: _____

MEDICAL INFORMATION

Share medical information that CBST staff and medical professionals should know (e.g. chronic illness, medication taken and avoided, medical devices): _____

Student's allergies: _____ Does student carry an epi-pen? _____ Use an inhaler? _____

Physical limitations (e.g. mobility, visual perception, hearing): _____

Primary Physician: Name _____ Phone Number _____ - _____ - _____

Address _____

Medical Insurance Carrier _____ Group/Policy Number _____

HOUSEHOLD INFORMATION (page 1 of 2)

CONTACT INFORMATION

	Adult 1	Adult 2 (if applicable)
First Name	_____	_____
Last Name	_____	_____
Preferred Pronouns (e.g. she/her)	_____	_____
Relationship with child	_____	_____
Name child calls you	_____	_____
Cell Phone	_____ - _____ - _____	_____ - _____ - _____
E-mail for CBST communications	_____	_____
Additional Adults in Household and information CBST should know	_____	
Mailing Address	_____	
		Home Phone _____ - _____ - _____

IMPORTANT FAMILY INFORMATION

Names and birthdates of children in your household NOT currently enrolling in Limmud:

Significant family events/changes in the past year that CBST should know about (e.g. separation, birth/adoption of a sibling, illness, death, new caregiver, move): _____

Share a snapshot of Jewish life in your family, such as:

- Celebrations of Shabbat, holidays, etc.
- Affiliation with another Jewish community (synagogue, JCC, etc.)
- Family members who read or speak Hebrew

Describe other religions or cultures practiced in your family/extended family: _____

Tell us what you most want your child(ren) to gain from their experiences at CBST this year: _____

HOUSEHOLD INFORMATION (page 2 of 2)

EMERGENCY CONTACTS

If the adult(s) listed cannot be reached, I give permission for CBST to share information regarding my child(ren) with the following people:

First Name:	Last Name:	Cell Phone:	Relationship to Child(ren):
#1 _____	_____	_____-_____-_____	_____
#2 _____	_____	_____-_____-_____	_____

DISMISSAL RELEASE

In addition to adult(s) listed, I give permission for my child(ren) to be released from CBST classes/programs to the following people, with photo ID.

First Name:	Last Name:	Cell Phone:	Relationship to Child(ren):
#1 _____	_____	_____-_____-_____	_____
#2 _____	_____	_____-_____-_____	_____

I give permission for my child(ren), age 13+, listed below, to leave independently upon dismissal by CBST staff.
 _____, _____, _____

Younger students must be released to an adult.
 Early pick-up or changes to this authorization must be received in writing, at least 24 hours in advance (CBST staff are not available by phone or email on Shabbat).

ADDITIONAL RELEASES

- PHOTO/AUDIO/VIDEO/WEBSITE/SOCIAL MEDIA RELEASE:
 I give permission for images and audio of my child(ren) taken at CBST activities to be used in CBST's PR/marketing.
- FIRST AID RELEASE:
 I consent to have CBST staff provide general first aid to my child(ren).
- EMERGENCY MEDICAL TREATMENT RELEASE:
 In case of medical emergency, I authorize CBST staff to follow instructions and permit medical treatment for my child(ren) by medical authorities (i.e. 911 operators, emergency medical technicians, hospital and medical facility personnel, physician). I understand that I am responsible for all such emergency medical costs incurred.

Parent/Guardian Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

TUITION

TUITION 5779 / OCTOBER 2018 - JUNE 2019

- Send completed forms to children@cbst.org or CBST Limmud, 130 West 30th Street, New York, NY 10001-0154.
- Membership in good standing (including completion of past-due tuition) is pre-requisite.
- Registration cannot be processed without payment.
- In case of cancellation, CBST cannot provide refunds after October 1, 2018.

STUDENT'S FULL NAME(S)		TUITION RATE PER STUDENT	
	Grades K, 1, 2 3, 4, 5	\$1,350 OR \$1,200 Early Bird, available till 6/30	\$
	Grade 6 B'nai Mitzvah Program	\$2,550 OR \$2,400 Early Bird, available till 6/30	\$
	Grade 7 B'nai Mitzvah Program	\$2,550 OR \$2,400 Early Bird, available till 6/30	\$
	Grades 8-9 and 10-12 Teen Track	\$1,350 OR \$1,200 Early Bird, available till 6/30	\$
Scholarship Fund: Enrich our programs and support Jewish learning for students who would not otherwise be able to attend. Thank you!			\$
TOTAL			\$

TUITION PAYMENT METHODS

- Payment in full
- 50% enclosed and 50% by December 15, 2018
- 10 automatic monthly payments, starting 6/30
- I/We request a need-based scholarship

Today's Date: _____

- Check enclosed, payable to CBST

Credit Card # _____

Exp. Date _____ Sec. Code _____

Name on Card _____

Billing Address _____

(if different from household)

NEED-BASED SCHOLARSHIP INFORMATION

- CBST is committed to seeing that no child is denied a Jewish education due to financial circumstances.
- A limited number of need-based scholarships are available in response to requests made by June 30, 2018.
- Contact Yolanda Potasinski, Executive Director at ypotasinski@cbst.org or 212-929-9498 ext. 811