



NEW STUDENTS: Please complete the entire form.

RETURNING STUDENTS: Only fill out information on this page if it has changed. Then complete page 2. This form can be emailed to office@tbtshoreline.org.

| | | | | |
|-----------|-------------------|--------------------|---|-------------|
| Student 1 | Student Last Name | First Name | Doctor's Name and Number | |
| | Hebrew Name | Birth Date | Allergies | Medications |
| | Student Email | | Medical/Educational Information (e.g., Asthma, EpiPen for Allergies, LD/IEP/504, ADD/ADHD) | |
| | Secular School | Grade in 2023-2024 | | |

| | | | | |
|-----------|-------------------|--------------------|---|-------------|
| Student 2 | Student Last Name | First Name | Doctor's Name and Number | |
| | Hebrew Name | Birth Date | Allergies | Medications |
| | Student Email | | Medical/Educational Information (e.g., Asthma, EpiPen for Allergies, LD/IEP/504, ADD/ADHD) | |
| | Secular School | Grade in 2023-2024 | | |

| | | | | |
|-----------|-------------------|--------------------|---|-------------|
| Student 3 | Student Last Name | First Name | Doctor's Name and Number | |
| | Hebrew Name | Birth Date | Allergies | Medications |
| | Student Email | | Medical/Educational Information (e.g., Asthma, EpiPen for Allergies, LD/IEP/504, ADD/ADHD) | |
| | Secular School | Grade in 2023-2024 | | |

| Parent/Guardian 1 | | Parent/Guardian 2 | |
|-------------------------|------------|-------------------------|------------|
| Last Name | First Name | Last Name | First Name |
| Home Phone | Cell | Home Phone | Cell |
| Email | | Email | |
| Address | | Address | |
| Hebrew Name (if Jewish) | | Hebrew Name (if Jewish) | |

| Emergency Contacts for student(s) Other than Parents/Guardians. | | | |
|---|--------------------------------|--------------|--------------------------------|
| Contact Name | Relationship to student/family | Contact Name | Relationship to student/family |
| Home Phone | Cell Phone | Home Phone | Cell Phone |

| Grade | Early Registration (by July 1st) | Late Registration (July 2nd or later) |
|-------------------------|----------------------------------|---------------------------------------|
| Kindergarten | \$50 | \$50 |
| Grades 1 and 2 | \$700 | \$750 |
| Grades 3 through 7 | \$900 | \$950 |
| Grades 8 and 9 | \$800 | \$850 |
| Grade 10 (Confirmation) | \$600 | \$650 |
| J-Chat | \$150 | \$200 |

| Parent/Guardian 1 | | Parent/Guardian 2 | |
|-------------------|------------|-------------------|------------|
| Last Name | First Name | Last Name | First Name |

| Student | Grade Entering | Tuition |
|-------------------------------|--|---|
| Name: | | |
| Name: | | |
| Name: | | |
| Total Tuition: | | |
| Scholarship Donation | Please consider a donation towards scholarships for families going through economic hardships. Your donation is greatly appreciated! | Yes, please add an extra tax-deductible donation of: \$ |
| Total Educational Commitment: | | |

Parent/Guardian Consent: Please read and check off each section below.

- I/we understand that in order for my child(ren) to be registered with TBT RS, I/we must be current on all of our TBT financial accounts.
- Once enrolled and the school year has started, I/we understand that TBT RS is unable to adjust, refund or waive any education program fees; I/we are responsible for the entire year's tuition.
- I give my child/ren permission to attend the indicated education program(s) at TBT RS. I hereby release and hold harmless TBT RS, and their respective employees, of and from any and all present and future claims of any kind or nature arising from my child/ren's attendance at TBT RS's education programs and participation in any of its programs and activities, and/or use of its facilities.
- I understand that students must remain on TBT grounds from the time they arrive through their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child/ren to leave the grounds to participate in educational programs, under the supervision of the program staff.
- TBT RS has my permission to photograph and videotape my child/ren in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, publications or the presentation of educational programs to the community unless otherwise notified in writing by the parent/guardian.
- I understand that the addresses, phone numbers and email information of students may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parent/guardian.
- In case of an emergency, I understand that the Principal or an adult in charge will: Administer First Aid, if appropriate, and call 911, if urgent and contact a parent/guardian or Emergency Contact provided.
- In the event that we are unable to contact a parent or responsible adult, TBT RS is authorized to proceed with medical treatment recommended by the responding physician or by Emergency Personnel.

Parent/Guardian Signature

Parent/Guardian Signature

Date