



REGISTRATION FORM 2020-2021 | 5781

B'Yachad will be prepared to educate our students no matter what the state of the Coronavirus pandemic and state regulations this fall. Whether in-person or remotely, B'Yachad will operate and will remain highly committed to giving all of our students a quality experience in Jewish education and living.

TUITION

Kindergarten/1st Grade ___ \$490 (by 7/15) ___ \$505 (by 8/15) ___ \$520 (after 9/4)
Sundays (9:30-12:30)

Grades 2-7 ___ \$690 (by 7/15) ___ \$705 (by 8/15) ___ \$725 (after 9/4)
Sundays (9:30-12:30)
Wednesdays (4:00-6:00)

Please print clearly.

1. Student(s) Information:

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Supply Fee \$10/student				\$ _____
Reduced rate for each additional sibling (-\$25)				\$ _____
SUB TOTAL				\$ _____

Thank you for considering a voluntary tuition increase! \$ _____

*UNAFFILIATED FEE (additional) K & 1st grade - \$415 / 2nd-7th grade - \$665 \$ _____

**Unaffiliated families MUST join one of the participating synagogues after two years.*

TOTAL \$ _____

Option 1: Payment in FULL Check # _____ @ \$ _____

Option 2: 4 Payments (dated July 17, 2020 through October 30, 2020)

4 Monthly postdated checks @ \$ _____ each = TOTAL \$ _____ (checks must be enclosed)

RETURN YOUR COMPLETED FORM WITH PAYMENT TO YOUR CONGREGATION

Congregation Ohav Shalom, 113 New Krumkill Road, Albany, New York 12208 (518) 489-4706

Temple Israel, 600 New Scotland Avenue, Albany, New York 12208 (518) 438-7858

B'nai Shalom, 420 Whitehall Road, Albany, New York 12208 (518) 482-5283

Additional payment options/educational subsidies may be available, please contact the Executive Director at your synagogue.

PARENT AND FAMILY INFORMATION

Students live with (circle one): Both Parents Mother Father Other
If other, please indicate your relationship: _____

Parent/Guardian 1 Name: _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone: _____ Cell Phone: _____
Email _____

Parent/Guardian 2 Name: _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone: _____ Cell Phone: _____
Email _____

Other Siblings: Name _____ Age _____ Name _____ Age _____

Family Synagogue Affiliation: _____

NON-PARENT Emergency Contact:

Name _____ Relationship _____ Phone _____

In case of emergency, which hospital would you prefer? _____

Vaccination is mandatory for enrollment in B'Yachad.

Has your child been vaccinated to meet New York State school requirements? Yes ___ No ___

Photo Release: I give permission for my child's photograph to be used in synagogue publications and local newspapers. Please sign (Parent/Guardian Signature)

B'Yachad Student Directory: I give permission for my **Contact Information** to be included in the B'Yachad Student Directory. Please sign (Parent/Guardian Signature)

For Office Use ONLY Synagogue Affiliation _____
Billing Code _____ If multiple children, copy made for each Date _____ Initial _____
Total Amount Due _____ Given to Education Office Date _____ Initial _____
Reg. Fees Received Date _____ Initial _____ Placed in Education binder (Main Office) Date _____ Initial _____
Reg. Accepted Date _____ Initial _____ Notes _____