



REGISTRATION FORM 2021-2022 | 5782

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

TUITION

Tuition has been increased this year (for the first time in several years) so we can continue to provide a high-quality education with updated books and materials, hands-on programs and celebrations.

Kindergarten/1st Grade \$600
Sundays (9:30-12:30)

Grades 2-7 \$850
Sundays (9:30-12:30) and Wednesdays (4:00-6:00)

Please print clearly.

1. Student(s) Information:

Name	Hebrew Name	D.O.B.	Grade	Amt. Due
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Family volunteer fee (volunteer during the school year or pay \$200) \$ _____
Supply fee \$10/student \$ _____
\$25 late fee if registering after September 1 \$ _____
Reduced rate for each additional sibling (-\$25) \$ _____

SUB TOTAL \$ _____

Parents, please consider an additional contribution if you are able. \$ _____

\$100 ___ \$250 ___ \$360 ___ other \$ _____

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

**Must be paid before the start of the school year. 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, 2021 through October 30, 2021)

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 your synagogue for information.

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? _____

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

Billing Code _____ Synagogue Affiliation _____

Total Amount Due _____ If multiple children, copy made for each Date _____ Initial _____

Reg. Fees Received Date _____ Initial _____ Given to Education Office Date _____ Initial _____

Reg. Accepted Date _____ Initial _____ Placed in Education binder (Main Office) Date _____ Initial _____

Notes _____