



TEMPLE BEIT TORAH
Chaverim Registration
2020-2021

Please return the registration form soonest to:

Temple Beit Torah
522 E. Madison St.
Colorado Springs, CO 80907

Parent's Name/s and pronouns: _____

Address: _____

Phone: _____ Cell _____

C _____ H _____

Emergency contact: _____ Phone: _____

Email: _____ Email: _____

Child's name and pronoun: _____ Grade: _____

Interested in zoom Hebrew school? ____

How much Hebrew experience does the student have? _____

Child's name and pronoun: _____ Grade: _____

Interested in zoom Hebrew school? ____

How much Hebrew experience does the student have? _____

Child's name and pronoun: _____ Grade: _____

Interested in zoom Hebrew school? ____

How much Hebrew experience does the student have? _____

Child's name and pronoun: _____ Grade: _____

Interested in zoom Hebrew school? ____

How much Hebrew experience does the student have? _____

I give my permission for my child/children to participate fully in Temple Beit Torah's 5781 Chaverim program and understand that I (or another adult) will be physically responsible for my child the entire time my child is participating in Chaverim online.

Signature & date:

I understand that during the course of the year that pictures may be taken.

_____ I **give** permission for my child/children's picture to be used in Temple Beit Torah publications.

_____ I **do not give** permission for my child/children's picture to be used in Temple Beit Torah publications.

Signature & date:

I understand that during the course of the year that pictures may be taken.

_____ I **give** permission for my child/children's picture to be used online (on the Temple Beit Torah publications website and social media).

_____ I **do not give** permission for my child/children's picture to be used (on the Temple Beit Torah publications website and social media).

Signature & date:



Temple Beit Torah
Colorado Springs, CO

Temple Beit Torah CHAVERIM: Tuition Worksheet

2019-20

Family Name:

Tuition is due the first day of Chaverim on Oct 11th 2020

Payment scale is as follows including Hebrew

First child	\$25
Second child	\$15
Third child	\$10

Grand Total: _____

Form of payment _____

Office Use only:

Amount received: _____ Date: _____ Form of payment: _____

By Whom: _____

8/4/20



Temple Beit Torah
Colorado Springs, CO

Temple Beit Torah Religious School: Media Policy

2020-21

By signing below, I understand that my child/children's picture or video may be used throughout the Temple building, on the Temple website or in other printed materials used by the Temple. All attempts will be made to limit the amount of identifying material used in each instance.

Child/children's Name

Parent/s Name

Parent/s Signature

Date

I, _____, parent of _____

do not give my permission for pictures or video of the above named child/children to be used for any purpose.

Parent's Signature

Date

8/4/20