

**LOUISVILLE BEIT SEFER YACHAD (LBSY)
UNAFFILIATED STUDENT INFORMATION 2018-2019**

FAMILY NAME _____

Address _____ City/State/Zip _____

Mother's Name _____ Cell # _____ Email _____

Father's Name _____ Cell # _____ Email _____

Who does student(s) live with? Both Parents _____ Mother _____ Father _____ Other _____

STUDENT INFORMATION

1) Name _____ Hebrew Name _____

DOB _____ School _____ Grade _____

Allergies, Meds, Other Concerns _____

2) Name _____ Hebrew Name _____

DOB _____ School _____ Grade _____

Allergies, Meds, Other Concerns _____

EMERGENCY CONTACTS (*Besides Parents*)

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

**Return forms/payment to: LBSY, 3600 Dutchmans Ln., Louisville, KY 40205
Questions: Bev Weinberg, Head of School, 502-802-3855; LBSY.Bev@gmail.com
Andi Callam, Asst. Director, 812-987-4894; LBSY.Andi@gmail.com**

LBSY Financial Obligation 2018-2019

FAMILY NAME _____ Congregation _____

The Jewish Federation, through its annual campaign, generously supports the education of students at LBSY, as well as those at The Temple and the High School of Jewish Studies, through its allocation process.

UNAFFILIATED TUITION RATES/PAYMENT PLANS

Family Base Fee: **\$1400**

Grade	Tuition	##	Amount Due
Kdg	\$543.75		
1 st grade	\$543.75		
2 nd grade	\$543.75		
3 rd grade	\$1567.50		
4 th grade	\$1567.50		
5 th grade	\$1567.50		
6 th grade	\$1567.50		
7 th grade	\$1567.50		
8 th grade	\$1055.50		

Family Total Financial Obligation _____

A deposit of \$250 per child must accompany this registration form. Deposits can be made by check or Mastercard/Visa. Deposits will be deducted from tuition balance. Deposits/Forms are due by June 29. **If forms/deposit is not received by June 29, you will be charged a \$50 late fee.**

There are 2 options for tuition payment. Tuition must be paid in FULL by AUGUST 26 by check or credit card or you can set up a monthly payment plan via credit card. If paid in full by August 26 you receive a 3% discount. (Must pay by check to receive discount) **NO EXCEPTIONS!!!** All monthly payments will be processed during the first full week of each month, September – April.

I will pay _____ IN FULL _____ MONTHLY PAYMENTS

Payment will be paid by _____ Check _____ Credit Card

For Credit card payments:

Name on Card _____

Expiration Date _____ Security Code _____

Zip Code of cardholder _____

**Louisville Beit Sefer Yachad (LBSY)
Release Forms/Medical Information 2018-2019**

Children's Names: _____

Medical Information

Medical Insurance Information

Carrier _____ Policy # _____

Insurance Company Phone Numbers _____

Insurance provided through _____

Child's Primary Care Physician/Phone _____

In the event of serious emergency, I give permission to representatives of LBSY to arrange for transportation for my child(ren) to a medical facility and for the facility's medical staff to provide any medically indicated treatment.

Parent Signature _____ Date _____

School Records Release

I hereby grant permission for my above named child(ren)'s LBSY school records to be released to the clergy of the synagogue listed on my application.

Parent Signature _____ Date _____

Field Trip Permission

I give permission for my above named child(ren) to participate in any school-sponsored field trips and off campus activities during the 2018-2019 academic year. I understand that proper care and attention will be given to safety and supervision.

Parent Signature _____ Date _____

Photographic Permission

I hereby grant permission for my child(ren) to be included in photos and videos connected with school programs.

Parent Signature _____ Date _____