
Enrollment Packet



2023–2024 School Year

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Enrollment Process

Step 1: Apply for Admission to Reserve your child's spot

At the time of application, the following must be submitted:

1. Enrollment application, completed and signed

Step 2: Receive confirmation of admission application from Gesher Program Director or Temple Office

Step 3: Complete Enrollment

Your child will be considered fully enrolled upon receipt of the following (in addition to the application forms):

1. Enrollment Agreement, completed and signed
2. A signed Policy Handbook Acknowledgement form
3. A non-refundable \$150 material & supplies fee & \$20 emergency kit fee
4. First month's tuition paid in full
5. A tuition agreement for payment by check, credit card or bank funds transfer for subsequent months
6. Enrollment forms, completed and signed
7. Your child's school calendar and bell schedule

Enrollment Forms Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Parent Directory Information | <input type="checkbox"/> Consent to Medical Treatment (LIC 627) |
| <input type="checkbox"/> Emergency Contact (Gesher) | <input type="checkbox"/> Consent to Medical Examination (LIC 627A) |
| <input type="checkbox"/> COVID-19 Liability Release | <input type="checkbox"/> Medication Authorization Form (LIC 9221) |
| <input type="checkbox"/> Registration Form (Parent/Guardian) | <input type="checkbox"/> Sunscreen Authorization Form |
| <input type="checkbox"/> Registration Form (Student Information) | <input type="checkbox"/> Caregiver Background Check Process (LIC 995 E) |
| <input type="checkbox"/> Transportation Permission Slip | <input type="checkbox"/> Photograph Release Form |
| <input type="checkbox"/> Tuition Agreement | |

Step 4: Receive Enrollment Confirmation Email and Welcome Letter

Please Note: Your child must be considered fully enrolled prior to their start date.

Tuition Information

Tuition Fees are billed monthly

Schedule Options				
	1 day per week (Wednesday ONLY)	3 days per week	4 days per week	5 days per week
Afternoon Program pick-up to 6:00 pm	\$ 160	\$ 543	\$ 585	\$ 658
Full Days 8:30 am-6:00 pm	Gesher students: \$40 per child per day Non-Gesher students: \$55 per child per day			
Additional Charges/Fees				
Late Pick-Up Fees	\$30 for first 5 minutes and \$2.00 per minute thereafter			
Material & Supplies Fee	\$ 150	Per year, billed in August		
Emergency Supplies Fee	\$20	Per year, billed in August		
Membership and Discounts <i>Only one discount per family is applicable.</i>				
Sibling Discount - 10% off the lesser tuition.				
Referral Award - \$250 one time tuition discount per family referred who enrolls.				
Temple Beth Tikvah congregants at Young Family level or above receive a full member discount of 18%. Please contact our Executive Director at sue@tbtoc.org for information about Temple membership.				
Scholarships are available for verified need upon application to the TBT Financial Committee.				

An convenience fee is added to all credit card and debit card charges.

Tuition and fees are due prior to the first of each month and a late fee of \$25.00 will be charged in each month that the current balance is not paid in full by the 10th of the month. For families with multiple children in the program, a late fee will be added for each child with overdue charges.

Enrollment Application

Student Information

Child's Name: _____ Child's Birthdate: _____

Child's School: _____ Child's Grade (2023-2024): _____

Family Information

Parent/Guardian Name(s): _____

Parent/Guardian Phone Numbers(s): _____

Parent/Guardian Email(s): _____

Parent/Guardian Primary Home Address: _____

Is your family a paid member of Temple Beth Tikvah? ☐ Y ☐ N

Under which name is your Temple Membership? _____

Do you have additional children enrolled in the ECLC Preschool or Gesher Afterschool Program? ☐ Y ☐ N

Name(s) of additional children enrolled: _____

Were you referred to ECLC by a current ECLC/Gesher/TBT family? ☐ Y ☐ N

Name of family who referred you to our program: _____

Student Schedule Information

Desired Start Date: _____

	1 day per week (Wednesday ONLY)	3 days per week	4 days per week	5 days per week
Afternoon Program pick-up to 6:00 pm	<input type="checkbox"/> \$ 160	<input type="checkbox"/> \$ 543	<input type="checkbox"/> \$ 585	<input type="checkbox"/> \$ 658

Please indicate the days your child will attend: ☐ M ☐ T ☐ W ☐ TH ☐ F

Parent/Guardian Signature: _____ Date: _____

OFFICE USE:

Received By: _____ Date Received: _____

Fee Paid: _____ Account Created: _____

Enrollment Agreement

Please initial where indicated.

The Gesher Afterschool Enrichment Program has provided a calendar showing dates of closures and early dismissals. Gesher programs will observe closures in accordance with the attached school year calendar. There is NO reduction of fees for vacation and no make up days for illness or vacation. No refunds, credits, or make up days are allowed for absences or vacations. _____

In order for children to participate in the afterschool program, they must meet all health standards according to the State of California and the Gesher Program. If your child has a communicable disease or is not able to fully participate in the school day due to illness, your child will not be allowed to attend school for the duration of the illness and until 24 hours symptom free have passed. _____

To mitigate the spread of COVID 19, we ask that all families to notify Gesher immediately if any family member is required to quarantine, or has become ill with COVID-19 or with symptoms similar to COVID-19, or has been exposed to someone diagnosed with COVID-19. _____

Children's temperatures may be checked upon arrival each day. Any child with a fever of 100.4 or higher, coughing, or otherwise exhibiting symptoms of illness will be sent home and cannot return until they are 24 hours without a fever or symptoms of illness (unaided by medication). _____

The Gesher Afterschool Enrichment program has provided a copy of the Informed Consent and Release of Liability Form. _____

The decision to send a child home or not permit a child to attend school will be made by the administration at the Gesher program. _____

State law requires a signature to release children at the beginning and at the end of each day of attendance. You will be assessed a charge of \$15 per incident for neglecting to sign in or out. This fee will be added to your tuition statement. _____

If you need to change your child's schedule, you must submit a Schedule Change Request form 30 days in advance. Payment arrangements for an increase in your child's schedule must be made at the time the change is approved. Schedule changes are granted if space is available. _____

In order to fully enroll in the Gesher Afterschool Enrichment program, payment must accompany this form. Enrollment is not complete and your child may not attend until initial payment fees have been received. _____

After application materials have been submitted, withdrawal from the preschool requires 30 days advance written notice by submitted a Student Withdrawal form. The month in which the child leaves the school must be fully paid. _____

We make every effort to work with all children and families enrolled in our program. Circumstances may occur that bring the school to the conclusion that it cannot meet or provide for the needs of the child and/or family. In this case the school reserves the right to ask you to seek a more appropriate alternative if it is determined by the school, in its sole discretion, that it is in the best interest of the child and the school. _____

All disputes that may arise out of this relationship, including but not limited to whether based on tort, contract, statute, equitable law or otherwise, shall be submitted to binding arbitration. _____

Other charges: \$150 non-refundable material fee and \$20 emergency kit fee is paid for each school year. _____

By signing below, I agree to abide by the policies of the Gesher Afterschool Enrichment Program and keep my account current and in good standing. I also agree to the terms and conditions as indicated above. _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE:

Received By: _____ Date Received: _____

Tuition Agreement

Please initial where indicated.

Annual non-refundable fees for the school year, such as the \$150 materials fees and emergency kit fees, will be charged in August, with payment due on October 1.

Monthly charges, such as tuition are billed in advance for the coming month, with payment due on the 1st of the month.

Additional charges may be incurred at any time. Examples include but are not limited to late pickup fees, extra day fees, and late payment fees.

All such additional charges are payable on the 1st of the next month, unless they occur so late that the next month's statement has already been sent. Statements are typically sent on the 25th of each month. (For example, a late pickup fee for September 22 will be due on October 1; the same fee for September 28, after the October statement was sent, will be due on November 1.)

A late fee of \$25.00 will be charged in each month that the current balance is not paid in full by the 10th of the month. For families with multiple children in the program, a late fee will be added for each child with overdue charges.

Temple Beth Tikvah reserves the right to refuse admission to any student in the event that overdue charges are not paid in full by the 15th of the month, or if payments are repeatedly late. Every effort will be made to contact the parents and try to resolve the situation before such action is taken.

I acknowledge receipt of this policy and agree to abide by the updated policy as a condition of my child's continued enrollment in the Temple Beth Tikvah Gesher Afterschool Enrichment Program.

Check method of payment and sign below

Choose monthly payment method:

☐ Credit card (preferred) ☐ Check ☐ Bank transfer (please attach voided check)

☐ Visa ☐ MasterCard ☐ American Express ☐ card on file (returning students or Temple Members only)

Card number _____ - _____ - _____ Security code _____

Name on card _____ Expiration date _____

Temple Beth Tikvah is authorized to charge my account.

Signature of authorization: _____ Date: _____

Choose monthly payment plan:

☐ Automatic Payment (recurring on the 1st of the month) ☐ Manual (paid by the 1st of the month)

OFFICE USE:

Received By: _____ Date Received: _____

Pay Schedule Created: _____

Parent Directory Information

Please update directory information each year.

The parent's directory is a way for parents to communicate with one another.

Please check the box whether or not you would like to be included in the parent directory. Also, if you would like your cell phone number and email address in the directory, please write them below.

☐

YES

☐

NO

Preferred Cellphone #: _____

Preferred Email Address: _____

Parent information for school use only.

Parent/Guardian 1

Name: _____ Cellphone: _____

Email Address: _____

Parent/Guardian 2

Name: _____ Cellphone: _____

Email Address: _____

Emergency Contact Information

To be placed in each Emergency Kit

In case of an emergency and we have to evacuate the children, we will need the following information:

Child's Name:

Parent Contact Information

Parent/Guardian(s) Work Phone Number(s):

Parent/Guardian(s) Work Address(es):

Parent/Guardian Cell Phone Number(s):

A local person with a phone number to contact if we cannot reach you:

Name & Relationship:

Phone Number:

An out of state person to contact in case phone lines are down or cellular service is locally having problems:

Name & Relationship:

Phone Number:



Temple Beth Tikvah

Coloring Jewish Life in North Orange County

Informed Consent and Release of Liability Relating to COVID-19

ACKNOWLEDGEMENT OF RISK & CONSENT TO PARTICIPATE

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Gesher After School Program has put in place preventative measures to possibly reduce the spread of COVID-19; however, Gesher After School Program cannot guarantee that either you or your child(ren) will not become infected with COVID-19. Further, attending events held by Gesher After School Program could increase your risk and your child(ren)'s risk of contracting and/or being exposed to COVID-19.

I acknowledge that all individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each Gesher After School Program activity.

I acknowledge that anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Gesher After School Program activity until cleared by a medical professional.

I acknowledge that any individual, including children, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Gesher After School Program activities with permission from a medical professional.

Print Name of Parent/Guardian

Print Name of Child/Participant

Date of acknowledge

Signature of Parent/Guardian

RELEASE OF LIABILITY RELATING TO PARTICIPATION

This release is in consideration of my or my child(ren)'s participation in Gesher After School Program activities in any and all capacity, including but limited to as a student, parent, guardian, visitor, teacher, aide, and/or volunteer.

By signing this agreement, I have been fully informed and realize that there are risks involved in my participation in Gesher After School Program activities. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending events held by Gesher After School Program and that such exposure or infection may result in damages, personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Gesher After School Program activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Gesher After School Program, its Board of Directors, its employees, volunteers, and program participants and their families.

In consideration of my or my child(ren)'s participation in Gesher After School Program activities, I voluntarily agree to assume any and all risks of any kind and accept sole responsibility for any and all injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Gesher After School Program events or participation in Gesher After School Program programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Gesher After School Program, Temple Beth Tikvah, and each and every representative, director, employee, volunteer, and representative of each of them from any and all Claims, including but not limited to all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Gesher After School Program, Temple Beth Tikvah, and each and every representative, director, employee, volunteer, and representative of each of them, whether a COVID-19 infection and/or exposure occurs before, during, or after participation in any Gesher After School Program activity.

REGISTRATION FORM

PARENT/GUARDIAN IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	BUSINESS TELEPHONE ()				
HOME ADDRESS	NUMBER	STREET	CITY	STATE	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL☐ OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT
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REGISTRATION FORM

STUDENT INFORMATION

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
SCHOOL NAME					
SCHOOL ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
CHILD'S TEACHER	CLASSROOM #			SCHOOL TELEPHONE ()	
GRADE (FALL 2023)					
CAN YOUR CHILD READ? Y N					
CAR SEAT TYPE					
DO YOU WANT YOUR CHILD TO COMPLETE THEIR HOMEWORK AT GESHER? Y N					

ATTENDANCE SCHEDULE & SCHOOL PICK UP TIMES

PLEASE MARK THE DAYS YOUR CHILD WILL ATTEND AND THEIR SCHOOL PICK UP TIME FOR EACH DAY (BELL SCHEDULE)

ATTENDANCE DAYS (ONE DAY PER LINE)

SCHOOL PICK UP TIMES

PHYSICIAN/PEDIATRICIAN	LAST	MIDDLE	FIRST	PHYSICIAN TELEPHONE ()	
PHYSICIAN ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MEDICAL INSURANCE CARRIER		POLICY ID #			
CHILD'S HEALTH/DIETARY CONDITIONS/ RESTRICTIONS:					
DOES YOUR CHILD REQUIRE ANY MEDICAL AIDES? (I.E. GLASSES, HEARING AIDES, ETC.) PLEASE LIST AND DESCRIBE:					
PLEASE LIST YOUR CHILD'S MEDICATIONS:					
IS THERE ANY INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD'S BEHAVIOR, PERSONALITY, ETC.?(I.E. MEDICAL CONDITIONS, FEAR OF HEIGHTS, SHYNESS, ETC.)					

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TEMPLE BETH TIKVAH- GESHER PROGRAM PARENT/GUARDIAN PERMISSION FORM

[TEMPLE BETH TIKVAH LEADER TO COMPLETE TOP PORTION]

Leader Name Rachel White Cell # 714-561-4481 or 714-871-3535
Event School Year Afterschool Pick-Up
Located at _____ (child's Elementary School)
Group will Meet: Place _____ Date/Time: 2022-2023 School Year (time TBD)
Group will Return: Place TBT-Gesher Classroom Date/Time: 2023-2024 School Year (time TBD)
Mode of Transportation Driving
Need to Bring/Wear _____
Cost of Event N/A Leader Signature _____
In Case of Emergency, Contact: Name Temple Beth Tikvah Address: 1600 N Acacia Ave Fullerton Ca 92831
Phone # 714-871-3535

IMPORTANT: PARENTS RETAIN THIS PORTION UNTIL OUTING IS COMPLETED

[PARENT TO COMPLETE BOTTOM PORTION AND RETURN TO LEADER]

PARENT/GUARDIAN'S PERMISSION AND EMERGENCY MEDICAL FORM

I (we), the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby request that he/she be permitted to attend _____ (the "Event") on (date) _____. In consideration of my child being permitted to attend the Event, I (we) hereby release, waive, discharge, and covenant not to sue Temple Beth Tikvah, its officers, employees, volunteers, and agents (collectively the "Temple") from any and all liability to myself or my child for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence the Temple or otherwise, resulting from or related to my child's participating in the Event, and should need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Temple, its officers or leaders for medical aid rendered at a hospital or first aid rendered at the Event and will reimburse the Temple for any medical or other expenses incurred in the care of my child.

This authorization is given pursuant to Section 6910 of the Family Code of California and remains effective only for the event and date listed above.

Name of Physician _____ Phone: _____

Is your child taking any medication? NO ☐ | YES ☐ Please list any medications _____

If Gesher staff is to dispense any medications, please provide detailed instructions and give directly to **RACHEL WHITE** upon arriving.

Allergic to: _____ Restricted activities and/or food for this event: _____

Parent/Guardian's Signature _____ Date _____ Phone _____

Parent/Guardian's Signature _____ Date _____ Phone _____

Both Parents' signatures are required. In the event of separation or divorce, only signature of Custodial Parent is Required.

Local Emergency Contact Other than Parent/Guardian:

Name _____ Relationship _____ Phone _____

BE SURE YOU HAVE DETACHED THE UPPER PORTION. IT IS FOR YOUR INFORMATION.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH(D.O.) OR DENTIST (D.D.S.)

FOR _____ THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

Program Name	DATE:
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PARENT'S INSTRUCTIONS:

- 1.All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
- 2.Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
- 3.Prescription and nonprescription medication shall be administered in accordance with the label directions.
- 4.Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATEENDING DATETIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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Authorization for Administration of Medication

TO: Parents/Legal Guardian, and Licensed Health Care Provider

RE: Administration of medication at Gesher Afterschool Enrichment Program

The Gesher Afterschool Enrichment Program is authorized to administer medication (prescribed or over-the-counter oral or topical medication, eye drops or ear drops) to students during school/operating hours. It is our policy that such medications will only be administered when the failure to receive the medication may result in the student being unable to attend school and/or not being well enough to participate in learning activities. Our policy defines medication to mean all drugs, whether prescription or over-the-counter.

The administration of any medication to a student by an employee must be requested and authorized in writing by either a parent or legal guardian **and** a licensed health care provider acting within the scope of his/her license. Specific instructions for administration must be included.

Requests for the administration of medication are valid only for the medication listed and the dates indicated in writing on the request form, and in no case will such requests exceed one school year. Any request for administration during a subsequent school year shall require the request to be re-authorized.

Our program will authorize staff members to administer prescribed or over-the-counter non-prescribed oral or topical medication, eye drops or ear drops. Oral medications are administered by mouth either by swallowing or by inhaling and may include administration by mask if the mask covers the mouth or mouth and nose. Epi-Pen and Epi-Pen Jr. are the only injectibles that school staff will be trained to administer to a student who is susceptible to a predetermined, life-endangering situation.

Note to Parents:

All medication must be:

- Brought to school by the parent
- In the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider (for prescription medication).
- Not more than a one month supply

On request, a pharmacist can provide an extra container—with the required information at the time the prescription is filled.

Authorization for Administration of Medication

The following section is to be completed by the PARENT/GUARDIAN

(please print)

Student's Name: _____ Sex: _____
Last First

School: _____ Grade: _____ Birthdate: _____

Name of Medication: _____ Reason for taking it: _____

Name of Physician/Health Care Provider

Physician Phone #

Physician Fax #

I request and authorize the school to administer the identified medication to the above student in accordance with the Health Provider's prescribed instructions, not to exceed the current school year. I give my permission for exchange of information between the program staff and the Licensed Health Care Provider. I understand that the medication is to be furnished by me in the original container.

Date: _____ Parent/Guardian Signature: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

The following section is to be completed by the PHYSICIAN/HEALTH CARE PROVIDER

(please print)

Diagnosis for which medication is given: _____

Name of medicine: _____

Dosage, time and mode of administration: _____

If medicine is to be given AS NEEDED, describe indications: _____

If medication is prescribed for a limited length of time, please write duration: _____

List significant side effects: _____

Other information (storage instructions): _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated. Medication orders are good for the current school year, unless a shorter period is specified.

There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

Health Care Provider's Signature: _____

Health Care Provider's Printed Name: _____


Date: _____ Phone #: _____ Fax #: _____

Health Care Provider Stamp: _____


Authorization to Reapply Sunscreen


Please initial where indicated.

Child's Name:

As the authorized representative of the child named above, I give my permission for the staff of the Gesher Afterschool Enrichment Program to reapply sunscreen of SPF 50 or higher to my child as specified below. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs. It is the sole responsibility of the authorized representative to initially apply sunscreen prior to school drop off. 

 The staff of the Gesher Afterschool Enrichment Program may use the sunscreen of their choice; except for the following (is specified):

 Only use sunscreen provided by the authorized representative (please label with your child's name and provide to Gesher staff):

 For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian Name (printed):

Parent/Guardian Signature:

Date:

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclld.ca.gov/contact.htm>.

Distracted Driving and Cell Phone Use Policy for Staff and Chaperones

All employees must refrain from using cell phones and other electronic devices or participating in any activity that may distract them from safely operating a motor vehicle. Using cell phones or other electronic devices while driving leads to increased risk of accident and liability to the company and the employee. Even if federal, state or local laws do not ban texting and driving, employees are expected to adhere to this policy.

Employees are not permitted to read or respond to e-mails or text messages, while operating a motor vehicle (in motion or stopped in traffic) on company business and/or company time. Employees are not permitted to use the internet (including mobile applications and social media), while operating a motor vehicle (in motion or stopped) for any company business and/or on company time. This policy also applies to the use of all other electronic devices including but not limited to PDA's, MP3 players, iWatches, wearable electronics, tablets and laptop computers.

GPS Devices are permitted, so long as the navigation is set prior to driving, and the GPS is secured in a safe place that does not obstruct the driver's view of the road. Employees should check for messages before driving and respond to urgent messages before they start to drive.

Employees are permitted to use a hands-free device to talk on their cell phone. Hands free calls must be completely hands free, meaning that your phone cannot be touched in order to place, alter or end the phone call.

Employees are not to participate in conference calls or any call that will require note taking or information gathering while driving. Hands free systems must be fully functioning Bluetooth or equivalent technology systems. Employees are never permitted to use headphones while driving.

Employees must avoid activities that can take their hands off of the steering wheel or eyes and attention off of the road, including, but not limited to: reading, taking notes, looking up phone numbers, eating, drinking, loading or unloading CD's, and changing radio stations.

Though federal, state and local laws permit hands free talking on their cell phone, we strongly recommend employees only make and accept calls that require immediate attention and limit their talk time for every conversation. If a call is going to take time or require your full attention, terminate the call and resume when your car is safely put in park.

Photograph Release Form

Please initial where indicated to grant permission for use of your child's photograph.

As the authorized representative of _____ I give my permission for
photographs of my child to be used in the following promotional venues in relation to their
activities at Temple Beth Tikvah's Gesher Afterschool Enrichment Program:

☐ TBT Website or promotional Social Media posts (Open to the public)

☐ Classroom Class Dojo Page (Private within each classroom)

☐ Gesher and TBT emails (public within the ECLC and TBT Community)

Parent/Guardian Signature: _____

Date: _____

I also consent for my child's name to be listed in the event of a published photograph. Do not sign if permission is not granted.

Parent/Guardian Signature: _____

Date: _____

I DO NOT give permission for my child's photograph to be used. Any pictures taken may ONLY be used in the classroom or school setting.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Policy Handbook

Mission Statement

Gesher is TBT's response to many families that can't access a Jewish Day School, but want to provide high quality Jewish education to their children. Our program provides children and their families with warm community environment that provides them a home every afternoon. Gesher emphasizes Jewish values, experiences and community. We offer enrichment activities that support math, reading and writing in addition to Judaism, science, sports, art and music.

Operating Hours and Schedule

Gesher Afterschool Program is open Monday-Friday from school pick-up -6:00 pm.

Gesher is open for a full day on select days during the school year.

Full day hours of operation: 8:30am – 6:00pm

*See Summer Camp information for Summer hours

Arrival/Departure

Upon arriving and departing, all parents or authorized guardians must sign in/out their child. You are also required to sign a full, legible signature (i.e. no initials). If someone other than the parent or authorized guardian is to pick up your child, please be sure they are on your child's authorized pick up list or notify the staff. **A valid State ID is REQUIRED.** Children under the age of 18 may not sign in/out a child. Children must be walked to class and be picked-up from class. Please do not drop off your child(ren) from the parking lot or pick them up from a parking lot. We will not release them. No exceptions.

Non-Signature Fee

We require a signature to release children from our program. You will be assessed a charge of \$15 per incident for neglecting to sign in or out. This fee will be added to your tuition statement.

Tuition

Monthly tuition charges, such as tuition and diaper fees, are billed in advance for the coming month, with payment due on the 1st of the month.

A late fee of \$25.00 will be charged in each month that the current balance is not paid in full by the 10th of the month. For families with multiple children in the program, a late fee will be added for each child with overdue charges. Temple Beth Tikvah reserves the right to refuse admission to any student in the event that overdue charges are not paid in full by the 15th of the month, or if payments are repeatedly late. Every effort will be made to contact the parents and try to resolve the situation before such action is taken.

Tuition cont.

If you have an unforeseen difficulty in paying your tuition, please contact the Temple Beth Tikvah office so that we may assist you in honoring your financial commitment.

Other Fees/Requirements

- Materials Fee - \$150/year
- Emergency Kit Fee - \$20/year
- Full days- Gesher student: \$40 per child per day
- Full days- non-Gesher student: \$55 per child per day

Note: a child is not considered fully enrolled until the first month's tuition and all applicable fees are paid in full. A child must be fully enrolled prior to their start date.

Late Fee

A child must be picked up by 6:00pm. Any child picked up after 6:00pm will assess a late fee pick up fee of \$30 for the first 5 minutes, \$2 per minute thereafter.

Termination

Parents are required to give 30 days written notice by submitting a Student Withdrawal form to the Gesher Director or Administrator. Parents are responsible for full payment of any and all fees due to Gesher prior to leaving.

School Absence & Notification

Parents must notify Gesher Teachers in writing by 9:00 am of your child's absence on the intended day of absence.

If your child leaves school early or is not in need of a pick-up, a Gesher Teacher must be notified in writing a minimum of one hour in advance of your child's scheduled pick-up time.

Failure to notify a Gesher Teacher of child's absence which results in a Gesher Teacher arriving to pick-up your child(ren) at his/her scheduled pick-up time, will incur an Absence Fee of \$30 per occurrence per child.

Closure/Vacation Policies

Holidays: No allowances will be made for holidays. These days were taken into consideration when tuition prices were established.

Closure/Vacation Policies cont.

Make-up days: Unfortunately, if your child is unable to attend on their regularly scheduled day, they will not be able to attend on a “make-up” day. Gesher’s fiscal year is based on a predetermined income and expenditure budget. Thus, it is impossible to deduct for absenteeism. Preparation for your child’s attendance is made whether or not they attend.

Schedule Changes: Any additional days or changes to your child’s regular schedule must be requested 30 days in advance by submitting a Schedule Change Request form to the Director or Administrator. Payment arrangements for an increase in your child's schedule must be made at the time the change is approved. Schedule changes are granted if space is available.

School Pick-Up Schedule

Parents must provide Gesher Teachers with a copy of each child's:

- School calendar
- Room number
- Teacher's name
- Daily bell schedule

Parent's must notify Gesher Teachers of any change in child's school schedule.

Each child must have a signed transportation permission slip on file with Gesher staff.

Understand that the school pick-up schedule is an important aspect of our program and we have a responsibility to all families to pick-up their child(ren) from school at the agreed upon times. Any delays in that schedule compromise our ability to fulfill that responsibility.

A Gesher Teacher will wait at your child's school at the agreed upon time and location for a maximum of 10 minutes. If your child is not present during that time, Gesher Staff will follow the below procedure in order to locate your child(ren):

1. Speak to your child's teacher
2. Contact parents and emergency contacts listed on your child's registration form
3. Notify school officials on campus

If Gesher staff have completed the above procedure and the allotted 10 minutes have passed, the Gesher Teacher will leave campus.

Daily Program

The Gesher Afterschool Enrichment program offers a variety of learning and engagement opportunities for each child that include, but are not limited to the following:

Judaica

- Martial Arts
- Homework Time
- Sports
- Cooking
- Snack
- Tikkun Olam
- Special Activities
- Field Trips

Developmentally Appropriate Guidance

One of the primary objectives of our program is to reinforce valuable social-emotional skills such as: manners, conflict resolution, safety, and respect towards self and others. Some of the positive techniques that we use include behavior modeling, redirecting, and guiding children through conflict resolution.

When a child needs additional intervention, a teacher will guide them through a variety of calming techniques to facilitate de-escalation. Afterward, the teacher will redirect the child to resume activity.

Boundaries are set for our students so that they can build the skills necessary to become caring, empathetic, and responsible members of our community.

Parents will be made aware of behavioral incidents by Gesher staff through “Incident Reports” and a follow-up conversation. A meeting may be scheduled with the Program Director if behaviors do not resolve, continue to escalate, or if it is deemed necessary.

Health Considerations

All children must have a completed medical release form upon registration. Please include any important information concerning allergies and/or medical conditions. Keep this form updated and notify us when if any medical information changes.

Health Considerations cont.

Illness and Chronic Illness – Sick children should be cared for at home. Please do not send your child to Gesher if they have:

- A fever of 100.4 degrees or higher
- Vomited or had diarrhea within the last 24 hours
- Pink eye symptoms
- An upset stomach
- Swollen glands or a sore throat
- An ear ache or has not been on antibiotics for 24 hours prior
- Mouth sores
- Any other contagious or communicable disease

Please notify us if your child is absent due to illness or has a contagious condition. **Your child must be symptom free for 24 hours before returning to Gesher. This includes fever, diarrhea and vomiting. In case of contagious disease, a doctor's note is required upon returning to Gesher.** It is not our policy to send a child home with a common cold; however, if your child is unable to function as they normally would, you will be notified to pick up your child in a timely manner. If your child needs to be medicated with Tylenol or ibuprofen, consider keeping them at home.

Medications

All prescription and non-prescription medications shall be administered only when **approved by written authorization from the child's parents and physician, in accordance with labels and accompanied by a completed "Authorization to Administer Medication" form and LIC 9221 signed by a child's parent and physician.** This form can be found in the Enrollment Packet. Medication must be labeled with the child's name and marked with the appropriate filled and discard dates.

Sunblock

Please send a bottle of sunblock for your child(ren) that is SPF 30+. Please put your child's name on their bottle. Sunscreen is known for erasing permanent marker. Please use duct tape to write your child's name on their bottle. A sunscreen authorization must accompany your child's sunscreen.

Emergency Care

Our staff members are trained and certified in Adult and Pediatric First Aid, CPR, and AED. In case of injury, the staff member in charge will decide what steps need to be taken and then a parent will be notified.

Minor incidents such as scrapes and bumps will be cleaned with soap and water. Bruises and bumps will be treated with ice. If the injury is minor, the parent will be notified when they arrive to pick up their child. An incident report form will also be filled out and sent home with the parent.

In case of serious injury, we will follow first aid guidelines. If time permits, we will attempt to contact a parent, guardian, authorized representative, or any of the persons listed on the emergency information form. If time does not permit, we will call an ambulance and have the child taken to the nearest hospital. It is important that all parents have the most updated contact information on file so they or authorized persons can be reached. All medical charges are the sole responsibility of the parent.

Emergency Procedures

Emergency procedures for fire, earthquake, active intruder incidents are available for review in the office. Practice drills are conducted on a regular basis. Should the school close early due to an emergency, you will be notified to pick up your child. In case of an evacuation, our emergency plan requires us to walk to Rosary High School (at the bottom of Acacia Avenue and Fullerton Creek Road).

Gesher Staff and Chaperone Driving Policy

All Gesher staff must submit their driving record and all staff and chaperones who transport children must read, sign, and abide by the Gesher "Distracted Driving and Cell Phone Use" Policy, which is provided for your review in the Gesher Enrollment Packet or Temple Office.

Child Abuse and Neglect Reporting Responsibilities

In the event there is any suspicion of child abuse or neglect among any enrolled children, the staff members are mandated by the State of California to report this to Child Protective Services.

Allergies and Food Restrictions

Please notify us if your child has any food related allergies. Your physician's written instructions concerning medications and specific allergies (eliminations and substitutions) must be on file at Gesher.

Peanut Free Policy

In an effort to be more inclusive to children with varying dietary needs and, in some cases, severe allergies, Gesher is a peanut free program. Because of the potential seriousness of this allergy, we ask that parents refrain from sending peanut products to school for lunch, snacks or class parties. Tree nuts or other nut butters (i.e. almond butter) are still allowed at this time. Our goal is to make school a safe place for all of our students. We appreciate your cooperation and understanding.

Kosher policy, lunch, and snacks

Please send your child with a Kosher Lunch (if applicable) and a water bottle every day. If there is food that needs to be refrigerated, an ICE PACK must be added. All lunches that require heating must be sent preheated AND in a thermos. Afternoon snack will be provided for your child(ren). ***Please label your child's lunch and water bottle with their name. ***

Below is Gesher's kosher policy:

- No meat mixed with cheese
- No pork
- No shellfish
- No meat and dairy mixed together

(Ex. Pasta with alfredo sauce and meat, OR Turkey sandwich with milk or yogurt)

However, yogurt or milk may be served for snack, but not for lunch if there is any meat offered for lunch

Clothing

All children should wear clothing and shoes that allow for easy movement. Keep in mind that your child paints, plays, and gets messy on a daily basis. Shoes should be sturdy with soft soles and socks should be worn at all times.

Spare Clothes

Please send two sets of extra clothes for your child that includes: 2 tops, 2 bottoms, 2 sets of underwear, 2 sets of socks. Everything must be labeled.

These will stay at Gesher for the duration of the school year and will be sent home with your child on their last day. If a change of clothes goes home, please send clean ones the following day your child is attending.

Temple Membership

We offer tuition discounts for Temple Members in good standing. Please contact Executive Director, Sue Penn at sue@tbtoc.org for more information and to join our community.

Policy Handbook Acknowledgment

Please initial where indicated to acknowledge that you have read and understand the policies listed as they were stated in the Policy Handbook.

Child's Name: _____

Hours of operation, including opening times, closing times, full days, and schedule options.

Arrival and departure procedures, including parameters for authorized representatives and a \$15 fee for neglecting to provide a signature upon arrival or departure.

Tuition policy, including late payment fees, yearly materials fee of \$150, yearly emergency kit fee of \$20, and late pick up fees.

Termination of enrollment and the 30 day student withdrawal notice requirement.

School pick-up procedure including the required transportation permission slip.

Absence and vacation policy including holidays, make-up days, schedule change requests, and an absence fee of \$30.

Health policy including exclusion of sick children or staff and medication authorization requirements.

Emergency procedures including major or minor injuries, staff training, and fire, earthquake, and intruder plans.

Every staff member is trained and mandated by the State of California to report any suspicion of child abuse or neglect.

Food policies including parent snack contributions, kosher lunch policy, peanut free facility policy, and diet and allergy notification requirement.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

(PLEASE NOTE: DATES ARE SUBJECT TO CHANGE)

Gesher: Monday-Friday until 6:00 pm - Gesher Full Day: 8:30 am- 6:00 pm

See High Holiday Schedule for High Holiday Services

August 2023

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

- 7-11 Gesher Closed for School Year Prep
- 14 First Day of Gesher School Year
- 20 TBT Education Open House
- 25 Morah Elissa's Birthday
- 26-27 "Fantasy Fusion Foibles" Performance
- 27 Morah White's Birthday

January 2024

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

- 1 Gesher Closed- New Year's Day
- 2 Staff Development Day- Gesher Closed
- 3-8 Gesher Open Full Day (8:30am-6:00pm)
- 15 Martin Luther King Jr. Day- ECLC Closed
- 25 Tu B'Shevat

September 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September

- 4 Labor Day- ECLC Closed
- 9 Selchot
- 11 Morah Alida's Birthday
- 15-16 Erev Rosh Hashanah & Rosh Hashanah
- 18-22 Conference Week- Minimum Day Schedule (Early pick ups)
- 20 Gesher Open Full Day (8:30am-6:00pm)
- 24 Erev Yom Kippur
- 25 Gesher Closed for Yom Kippur
- 25 Morah Sarah's Birthday

February 2024

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

February

- 12 Gesher Open Full Day (8:30am-6:00pm)
- 19 President's Day- Gesher Closed

October 2023

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

October

- 1-6 Sukkot
- 7 Shmini Atzeret
- 8 Simchat Torah
- 27 Staff Development Day- Gesher Closed

March 2024

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

March

- 11-15 Conference Week- Minimum Day Schedule (Early pick ups)
- 18-22 Spring Break- Gesher Closed
- 22 Morah Naomi's Birthday
- 24 Purim
- 25 Staff Development Day- Gesher Closed

November 2023

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

November

- 1 Gesher Open Full Day (8:30am-6:00pm)
- 10 Gesher Open Full Day (8:30am-6:00pm)
- 20-22 Gesher Open Full Day (8:30am-6:00pm)
- 23-24 Thanksgiving Break- ECLC Closed

April 2024

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

April

- 24 2nd Night Congregational Seder
- 23-30 Kosher for Passover Lunches/Snacks
- 26 Gesher Seder

December 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

- 7-15 Hanukkah
- 12 Morah Brie's Birthday
- 22 Gesher Open Full Day (8:30am-6:00pm)
- 25-29 Winter Break- Gesher Closed

May 2024

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

May

- 6-10 Teacher Appreciation Week
- 13 Yom HaZikaron
- 14 Yom Ha'atzmaut
- 24 Staff Development Day- Gesher Closed
- 27 Memorial Day- Gesher Closed
- 31 Last Day of School (FSD)

GESHER OPEN FULL DAY

HOLIDAYS & SPECIAL EVENTS

GESHER CLOSURES

SPECIAL GESHER DATES

Gesher Closed June 3-7 for Summer Camp Prep - Gesher Summer Camp June 10- Aug. 2 (Calendar TBD) - Gesher Closed August 5-8 for School Year Prep - Monday, August 12th- First Day of 2024-25 School Year





Temple Beth Tikvah

New Member Commitment Form 2023-2024

Member A		Member B	
Name: Last	First	Name: Last	First
E-Mail:		E-Mail:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Address		City Zip	
Child 1 Name:	Child 2 Name:	Child 3 Name:	Child 4 Name:
Child 1 DOB:	Child 2 DOB:	Child 3 DOB:	Child 4 DOB:
Child 1 School/Grade:	Child 2 School/Grade:	Child 3 School/Grade:	Child 4 School/Grade:

Please note that Temple Beth Tikvah values your participation in our community and is committed to ensuring that everyone who wants to be a member is able to, regardless of their ability to participate at any particular financial level. Please contact our executive director, Sue Penn (sue@tbtoc.org) for a confidential dues adjustment, if necessary.

Membership Level	Contribution	Your Commitment
Mitzvah (Platinum)	\$7200	\$
Simcha (Gold)	\$6000	\$
Bracha (Silver)	\$4800	\$
Sustaining (our actual annual cost)	\$3600	\$
Basic	\$2400	\$
Young Family (with children under 9 years old)	\$1800	\$
Alternate Dues (Per Arrangement with Executive Director Sue Penn)		\$
Facility/Security Fee		\$ 450
<input type="checkbox"/> Sisterhood \$54, \$72, \$108	<input type="checkbox"/> Men's Club \$54, \$108, \$180	\$
Total Annual Commitment		\$
Optional Payment Schedules:		
<input type="checkbox"/> 12 Monthly Payments <input type="checkbox"/> 4 Quarterly Payments <input type="checkbox"/> Other:		
<input type="checkbox"/> Please charge my card automatically. <input type="checkbox"/> I will make payments manually.		

Signature: _____

Date: _____

For inquiries, contact us.



www.tbtoc.org/youth

715-871-2525

1600 N Acacia Ave

Fullerton, CA 92831

