



TUITION PAYMENT FORM

BINA 5784-5785 (2023-2024)

Student's Name(s)	Grade
1) _____	_____
2) _____	_____

Tuition for BEKI Members

Grades K-1: \$500 per child \$ _____

Grades 2-6: \$800 for one child or \$1,400 for two \$ _____

*For more than two children contact Education Director Annie Norman-Schiff for pricing
203-389-2108 x113 or anormanschiff@beki.org

Tuition for Non-Members

All grades: \$1,800 per child \$ _____

Donation to BEKI's Scholarship Fund \$ _____

Total Amount \$ _____

Make checks payable to BEKI or pay by credit card at [BEKI's website](#)

Please note: Tuition is non-refundable

STUDENT INFORMATION FORM

BINA 5784-5785 (2023-2024)

Student's Name(s)

Birthdate

1) _____

Hebrew Name: _____

2) _____

Hebrew Name: _____

Parent(s)/Guardian(s) Name(s):

1) _____

Hebrew Name: _____

2) _____

Hebrew Name: _____

Home Address: _____

Mailing Address if Different: _____

Cell Phone: 1) _____ 2) _____

Work Phone: 1) _____ 2) _____

Home Phone: 1) _____ 2) _____

Email: 1) _____

Email: 2) _____

I give permission for my child(ren), _____

_____, to participate fully in all activities of BINA during the 2022-2023/5783 school year. I understand that transportation for any field trips will be provided by parent and/or teacher carpools or walking.

I hereby empower BEKI staff and BINA staff and faculty to act for me in accordance with their best judgement in case of emergency.

Emergency Contacts

Name of First Person: _____

1st Number to Call: _____ 2nd Number: _____

Name of Second Person: _____

1st Number to call: _____ 2nd Number: _____

Non-Parent/Guardian Name: _____

(Will only be contacted if first and second names are unreachable.)

1st Number to call: _____ 2nd Number: _____

Doctor Information

Name & Address: _____

Phone: _____

Dentist Information

Name & Address: _____

Phone: _____

Health Insurance Information

Health Insurance Company: _____

Policy# _____ ID# _____ Group# _____

*Make sure to note on the back if there is anything staff should be aware of including any medical or dietary concerns, food allergies or any limitations to your child’s full participation in BINA programs. If your child requires medication, medical equipment or other accommodations, please notify the principal.

Signature of Parent/Guardian: _____

Printed Name: _____

BEKI/BINA
Photo Release Form

As a parent/guardian of a child/children at BEKI/BINA, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at BEKI/BINA during normal school hours, field trips or activities.
- I understand that these photographs may be used in school newsletters/emails, BEKI's website or private Facebook page or another publication and give permission.
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

The following are the names of my child(ren) attending BEKI/BINA:

____ Yes, I confirm that I have read and understood the above and agree to have my child(ren)'s photos on the BEKI website, private Facebook page, newsletters or any other publication.

____ No, I do not wish to have my child(ren)'s photographs published.

Name (please print): _____

Signature: _____

Date: _____