Congregation B'nai Shalom
74 Eckley Lane
Walnut Creek, CA 94596
www.bshalom.org

B'nai Shalom Religious School

2026 – 2027 REGISTRATION

Religious School

ONE FORM PER STUDENT

This form must be updated, completed and returned with 50% payment by August 1, 2026.
Please contact the Elaine Manno, emanno@bshalom.org, to discuss your child's special needs.

Student's Last Name: _____ **First Name:** _____

Gender:_____ **Birth Date**: _____ **Age**: _____ **Hebrew Name:** _____

Student's Street Address: _____

City, State, ZIP: _____

Fall 2026 **Secular School Grade:** _____ **Name of school:** _____

Parent/Guardian Information: _____

1. Parent's Name: _____ **Email Address:** _____

Phone Numbers - Home: _____ **Work:** _____ **Cell Phone:** _____

Address if different from student: _____

2. Parent's Name: _____ **Email Address:** _____

Phone Numbers - Home: _____ **Work:** _____ **Cell Phone:** _____

Address if different from student: _____

Emergency Contact/Transportation: _____

Name/Relationship: _____ **Phone:** _____

Cell phone: _____ **Work phone**: _____

Out of state earthquake contact: _____ **Phone**: _____

Physician's Name: _____ **Phone**: _____

Medical: Please list allergies to medications, foods, etc.: _____

Is your child currently taking medication? __Y __N If yes, please list medications: _____

Have there been any changes in your family this year (deaths, move, etc): _____

Did your child have an IEP in place for the last school year? Yes* _____ **No** _____

*If yes, please provide a copy with your registration forms.

GRADE	DAY	FEES
☐ Kindergarten ☐ 1st ☐ 2nd	Sunday	$1,052 member, $3,132 non-member
☐ 3rd ☐ 4th ☐ 5th	Sunday Wed	$1,330 member, $3,343 non-member
☐ 6th ☐ 7th	Sunday Wed	$1,495 member, $3,647 non-member

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____ (int) Medical Consent– I, the undersigned, authorize Congregation B'nai Shalom to seek any medical treatment as necessary for my child in case of an emergency if a parent cannot be reached and agree to pay all expenses incurred as a result. (This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.)

_____(int) Photograph Release Form: I hereby give Congregation B'nai Shalom permission and assign the right to publish photographic images of my child (without their name) for the specific purpose of marketing the synagogue and its affiliated schools in written and online materials (including, but not limited to, brochures, emails, newsletters and the congregational website). In giving my consent, I hereby release and hold harmless Congregation B'nai Shalom and all its employees from any and all responsibility or liability. I understand that I will receive no compensation, should any photographs of my child be used.

_____ _____

Print Parent Name Parent Signature Date

PLEASE LET US KNOW OF ANY CHANGES THAT OCCUR DURING THE SCHOOL YEAR.

We have funds available for scholarship. Please contact Nicole in our accounting office, nthrowe@bshalom.org to discuss fees in confidence. We will not turn a family away due to lack of funds. Deadline for Scholarship Applications is December 31, 2026 for the 2026-2027 school year.

B'nai Shalom members who are also students at The Contra Costa Jewish Day School will receive a 50% discount on annual tuition. We want to make sure our program is accessible to our entire community.

School fees cover less than half of the actual cost of providing your children with a quality Jewish education. Your gift in any amount beyond the scheduled fees helps to directly support our Religious School program. Please consider adding a donation to your fees.

B'nai Shalom Religious School Registration and Payment Form 2026-2027

Parent/Guardian Name: _____

Child's Name:	**Grade:**	Check payment option: ☐ **50% tuition** ☐ **full** Total:	$_____
Child's Name:	**Grade:**	Check payment option: ☐ **50% tuition** ☐ **full** Total Tuition:	$_____
Child's Name:	**Grade:**	Check payment option: ☐ **50% tuition** ☐ **full** Total:	$_____
Donation to the B'nai Shalom Religious School		Amount of Donation	$_____
Administrative Fee A $50 administrative fee, per child, will be assessed for each student registering **after the August 1, 2026 deadline. RETURNING STUDENTS ONLY!**		Add $50 per child after August 1st	$_____
Volunteer Commitment By signing this form, you agree to volunteer for 6 hours throughout the school year and to waive the $200 volunteer buy-out. If you have not fulfilled your hours by the end of the school year, you will be billed $300 on May 1, 2027.		Volunteer buy-out fee is $200	$_____
FIRST SEMESTER PAYMENT MUST ACCOMPANY ALL COMPLETED FORMS FOR REGISTRATION TO BE ACCEPTED AND PROCESSED. **PAYMENT MADE BY CHECK _____ BILL MY ACCOUNT_____CREDIT CARD_____** **IF USING CREDIT CARD/BILL ACCOUNT VIA CREDIT CARD, INCLUDE 3.5% FOR CONVENIENCE FEE**		**TOTAL**	$_____

Payment of Tuition and Fees: Tuition is not refundable. The first semester payment listed above includes at least half of the annual tuition and must accompany the registration forms**. Families registering after August 1st will be charged an additional $50 fee per child due to time needed to process late paperwork**. The second semester payment is due by November 15, 2026. A **$50 late charge will be assessed per child after this date. This form is not complete without a parent or guardian signature.**

Signature _____ Date_____