



**Congregation Beth Israel**  
Of The Berkshires

**Jewish Journeys**  
**Registration Form**  
**2025–26 | 5786**

Please submit your completed registration form & payment by **Monday, September 1, 2025.**

<b>Student's Name</b> <i>(First &amp; Last)</i>	<b>Hebrew Name</b> <i>(if one has already been chosen)</i>	<b>Date of Birth</b> <i>(MM/DD/YYYY)</i>	<b>Gender</b>	<b>Secular Grade</b> <i>(as of Fall 2025)</i>

<b>Parent/Guardian 1:</b>	<b>Parent/Guardian 2:</b>
<b>Address:</b>  <input type="checkbox"/> Please send mail to this address	<b>Address:</b>  <input type="checkbox"/> Same address <input type="checkbox"/> Please send mail to this address
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b> <input type="checkbox"/> N/A	<b>Home Phone:</b> <input type="checkbox"/> Same <input type="checkbox"/> N/A
<b>Work Phone:</b> <input type="checkbox"/> N/A	<b>Work Phone:</b> <input type="checkbox"/> N/A
<b>Email:</b>	<b>Email:</b>

<b>Name of Non-Parent/Guardian Emergency Contact:</b>	<b>Phone Number(s):</b>
<b>Relationship to Student(s):</b>	

Are you a member of CBI?    Yes    No

Please let us know if your child has any medical or behavioral needs, such as allergies, medical conditions, medications, or individualized educational requirements, so that we can provide the appropriate support and care:

---

---

Please sign the following statements below as applicable:

- 1) I give my consent for emergency medical treatment for my child(ren) in the event that they become ill or injured while under school authority when parents/guardians cannot be reached.

x \_\_\_\_\_

- 2) I give permission for CBI to take photos of my child(ren) for use in CBI publications, both in print & online.

x \_\_\_\_\_

## Jewish Journeys Tuition 2025–26

Classes will meet on **Monday** afternoons beginning **September 8, 2025**.  
Shabbat presentations will be held on **December 13, 2025 & May 9, 2026**.

<b>Kindergarten – 2<sup>nd</sup> Grade</b>	<b>FULL YEAR</b> <u>Member:</u> \$325 <u>Non-Member:</u> \$425	
<b>3<sup>rd</sup>–7<sup>th</sup> Grade</b> <i>* <u>Excludes</u> Materials Fees &amp; B-Mitzvah Prep Course w/ R' Rachel</i>	<b>FULL YEAR</b> <u>Member:</u> \$395 <i>Includes 2 semesters of Hebrew classes &amp; 2 semesters of Jewish Studies electives</i>	<b>PER ELECTIVE</b> <u>Member:</u> \$110 <u>Non-Member:</u> \$125 <i>Includes 1 semester-long Hebrew class or Jewish Studies elective</i>

### K–2<sup>nd</sup> GRADE

**MEMBER | Full Year**                      \$ **325** per child x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_

**NON-MEMBER | Full Year**                      \$ **425** per child x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_

### 3<sup>rd</sup>–7<sup>th</sup> GRADE \*

**MEMBER | Full Year**                      \$ **395** per child x \_\_\_\_\_ child(ren) = \$ \_\_\_\_\_

**MEMBER | Per Elective**                      \$ **110** per elective x \_\_\_\_\_ electives = \$ \_\_\_\_\_

**NON-MEMBER | Per Elective**                      \$ **125** per elective x \_\_\_\_\_ electives = \$ \_\_\_\_\_

*\* Any applicable Materials Fees will be billed separately once class rosters have been finalized.*

*6<sup>th</sup> & 7<sup>th</sup> grade students who are interested in enrolling in our B-Mitzvah Prep Course should contact Rabbi Rachel Barenblat at [rabbiquiberkshires.com](mailto:rabbiquiberkshires.com); a separate fee for this course will be assessed.*

☐ **YES**, I'll add a contribution to support Jewish learning for those experiencing financial hardship.    \$ \_\_\_\_\_

**Grand Total (Amount Enclosed):** \$ \_\_\_\_\_

**NOTE:** No child will be turned away from our programs due to financial hardship. CBI is committed to assuring a Jewish education for all of our children — scholarships are available for those who cannot afford full tuition. Those with concerns about the cost of these programs may speak in confidence with Rabbi Rachel Barenblat ([rabbiquiberkshires.com](mailto:rabbiquiberkshires.com)) &/or Michael Smith ([treasurer@ciberkshires.com](mailto:treasurer@ciberkshires.com)) prior to the start of the school year.

**Please submit your completed registration form & payment by Monday, September 1, 2025 to:**  
Congregation Beth Israel, 53 Lois Street, North Adams, MA 01247

## Jewish Journeys 2025–26 | Elective Enrollment Form

### For 3<sup>rd</sup> through 7<sup>th</sup> Graders

Please fill out one form for each child you wish to enroll. We will do our best to accommodate students' first choices for electives, however we cannot guarantee enrollment in every student's first choice.

Students enrolling for the **FULL YEAR** will select 2 Jewish Studies elective classes (1 per semester) & will participate in 2 non-elective, level-based Hebrew classes, totaling 4 classes for the full year.

Students enrolling **PER ELECTIVE** may select 1 Jewish Studies elective class & 1 Hebrew class per semester. Please note that students are required to complete the first semester Hebrew class in order to register for the second semester Hebrew class.

---

Student's Name: \_\_\_\_\_

#### First Semester

(September 8 – December 8, 2025)

*Save the date for student presentations!*

**JEWISH JOURNEYS SHABBAT**

Saturday, December 13, 2025 at 10am

---

#### **HEBREW**

☐ Hebrew Foundations 1

---

#### **JEWISH STUDIES**

(Choose 1)

☐ Addressing Hunger –  
Justice, Dignity, & Action

☐ Exploring the Secrets of Color

*If selected class is **full**, enroll in other class:*

☐ Yes

☐ No

#### Second Semester

(January 5 – May 4, 2026)

*Save the date for student presentations!*

**JEWISH JOURNEYS SHABBAT**

Saturday, May 9, 2026 at 10am

---

#### **HEBREW**

☐ Hebrew Foundations 2

(*Prerequisite: Hebrew Foundations 1*)

---

#### **JEWISH STUDIES**

(Choose 1)

☐ Jewish Magic & Folklore

☐ Acting Up! A Jewish Drama Troupe

*If selected class is **full**, enroll in other class:*

☐ Yes

☐ No

Please submit your completed registration form & payment by **Monday, September 1, 2025** to:

Congregation Beth Israel, 53 Lois Street, North Adams, MA 01247