



**Congregation Beth Israel**  
Of The Berkshires

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

Please submit your completed registration form & payment by **Monday, January 5, 2026.**

<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:

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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

Second semester classes will meet on **Monday** afternoons beginning **January 5, 2026**.

Shabbat presentation for the Spring will be held on **May 9, 2026** at **10am**.

<b>Kindergarten – 2<sup>nd</sup> Grade</b>	<b>MEMBER</b> \$325	<b>NON-MEMBER</b> \$425
<b>3<sup>rd</sup>–7<sup>th</sup> Grade</b> * <u>Excludes</u> B-Mitzvah Prep Course w/ R' Rachel	<b>MEMBER</b> <u>Hebrew</u> : \$110 <u>Jewish Studies</u> : \$135 <i>Jewish Studies tuition <u>includes</u> materials fee</i>	<b>NON-MEMBER</b> <u>Hebrew</u> : \$125 <u>Jewish Studies</u> : \$150 <i>Jewish Studies tuition <u>includes</u> materials fee</i>

### K–2<sup>nd</sup> GRADE

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

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

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

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

**MEMBER | Jewish Studies** \$ 135 per elective x \_\_\_\_\_ electives = \$ \_\_\_\_\_

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

**NON-MEMBER | Jewish Studies** \$ 150 per elective x \_\_\_\_\_ electives = \$ \_\_\_\_\_

\* 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 [rabbicbiberkshires.com](mailto:rabbicbiberkshires.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 ([rabbicbiberkshires.com](mailto:rabbicbiberkshires.com)) &/or Michael Smith ([treasurer@cbiberkshires.com](mailto:treasurer@cbiberkshires.com)) prior to the start of the semester.

**Please submit your completed registration form & payment by Monday, January 5, 2026 to:**

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

## Jewish Journeys 2025–26 | Spring Elective Enrollment Form

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

Please fill out 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 may select a maximum of **1 Hebrew class & 1 Jewish Studies elective** per semester.

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

#### **HEBREW**

☐ Hebrew Foundations 2

**Prerequisite:** Hebrew Foundations 1  
or prior background in Hebrew

(Contact [learning@cbiberkshires.com](mailto:learning@cbiberkshires.com)  
to discuss special arrangements)

#### **JEWISH STUDIES**

☐ Jewish Magic & Folklore

☐ Jewish Lifecycle

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

☐ Yes

☐ No

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

#### **HEBREW**

☐ Hebrew Foundations 2

**Prerequisite:** Hebrew Foundations 1  
or prior background in Hebrew

(Contact [learning@cbiberkshires.com](mailto:learning@cbiberkshires.com)  
to discuss special arrangements)

#### **JEWISH STUDIES**

☐ Jewish Magic & Folklore

☐ Jewish Lifecycle

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

☐ Yes

☐ No

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

#### **HEBREW**

☐ Hebrew Foundations 2

**Prerequisite:** Hebrew Foundations 1  
or prior background in Hebrew

(Contact [learning@cbiberkshires.com](mailto:learning@cbiberkshires.com)  
to discuss special arrangements)

#### **JEWISH STUDIES**

☐ Jewish Magic & Folklore

☐ Jewish Lifecycle

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

☐ Yes

☐ No

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