

bethisraelhebrewschool



registration form

2009-2010 school year

NOTE: Please fill out one form for each student you are registering. A completed form must be on file prior to the first day the student will attend school. A \$25 registration fee must accompany this form unless the tuition is paid in full at the time of registration.

Student Information: **Returning Student** **New Student (check one)**

Student's Name: _____ Grade in Fall of 2009: _____

Birth Date: _____ Gender: M / F

Student's Hebrew Name: _____

Will your child become Bar/Bat Mitzvah in the next two years? Y / N

If yes, expected month and year of Bar/Bat Mitzvah: Month: _____ Year: _____

Parent/Guardian Information:

Parent/Guardian: _____ Email: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Parent/Guardian: _____ Email: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Student Resides With: _____

Student's Name: _____

Emergency Contact Information:

Contact #1: _____ Email: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Relationship to Student: _____

Contact #2: _____ Email: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Relationship to Student: _____

NOTE: Children will ONLY be released to those persons indicated on this registration form as an Emergency Contact or to those persons indicated in writing to Beth Israel Hebrew School as an adult authorized to pick up your child.

Student's Name: _____

Conditions of Enrollment:

1. This form must be filled out in full and signed.
2. Every step is taken to ensure the safety and health of each student. In the event of an emergency and/or the need for special medical treatment, parents will be notified immediately. If the parent or secondary contacts cannot be reached, permission is given to Beth Israel Hebrew School to take whatever steps necessary to ensure the safety and health of each student.
3. I give my child permission to attend the Beth Israel Hebrew School Program. I hereby release and hold harmless Beth Israel Hebrew School and its staff, Beth Israel Synagogue and its Board of and from any and all present and future claims of any kind or nature arising from my child's attendance at Beth Israel Hebrew School and participation in any of its programs, activities, and/or use of its facilities. I agree to allow my child to participate in all activities unless I advise Beth Israel Hebrew School in writing.
4. I understand that my child must remain on Synagogue property from the time they arrive through their scheduled academic program unless they are part of an authorized, chaperoned activity. Permission to attend those activities will be given separately and in writing for each planned activity.
5. I have read, understood and agree to the above conditions of enrollment and confirm the truth and accuracy of all information provided in this application form.
6. I have enclosed either the \$25 registration fee or tuition payment in full with this registration form. I understand that the \$25 registration fee will be applied toward my child's tuition.

Parent/Guardian Signature

Date

Student's Name: _____

Student & Parent Handbook Acknowledgement:

I have read, understood and agree to the contents of the student and parent handbook for the 2009-2010 academic year. I acknowledge the new policies that include school start time, the dress code, conduct code, toy, electronic game and cell phone code and the need to sign my child in/out of school when school is in session.

Parent/Guardian Signature

Date

Beth Israel Hebrew School Directory and Email Information Release:

_____ I authorize Beth Israel Hebrew School to publish our family's names, children's names, our home address, phone numbers and email address in the 2009 – 2010 Beth Israel Hebrew School Family Directory.

_____ I authorize only limited personal information to be included in the 2009 – 2010 Beth Israel Hebrew School Family Directory. **Please include ONLY the following information:**

_____ I do not authorize use of our family's personal information for the 2009 - 2010 Beth Israel Hebrew School Family Directory.

Parent/Guardian Signature

Date

Photographic Image and Interview Release:

I hereby grant Beth Israel Hebrew School permission to use my child's likeness in a photograph or quotation in any and all of its publications, including website entries. Note that children's full names will NEVER be used in any publication. Only first names will be used unless I notify Beth Israel Hebrew School in writing otherwise.

I am 21 years of age and am competent to contract in my own name and/or on behalf of my child or minor over which I have legal guardianship. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Parent/Guardian Signature

Date

Student's Name: _____

Emergency Medical Release Information:

I (we) hereby give consent to the Principal of Beth Israel Hebrew School, or person designated, to make available to my child _____ professional emergency medical care when such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse, me or the designated emergency contacts before action is taken. However, in the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic or member of a medical staff of a hospital licensed by the State of Maryland.

This is to certify that my child is in good physical health and that he/she has permission to participate in all activities that are part of the Beth Israel Hebrew School Program.

Parent/Guardian Signature

Date

If medical care is required, the following information will be provided to appropriate medical personnel.

Please note all of your child's allergies including food and medicine related:

Please note all medication that your child takes on a regular basis:

Student's Name: _____

Emergency Medical Release Information (con't):

My child has a:

Hearing problem: Y / N

Vision problem: Y / N

Asthma: Y / N

Other: _____

Please note below any other information about your child you would like provided to medical personnel in your absence:
