

The Temple, Congregation B'nai Jehudah Religious School

Attach Photo Here

Student Registration 2010-2011
Please return forms to the office by June 30



Please make any changes directly on form

Child's Name _____ Grade Level '10-'11: _____ Birthdate: _____ Sex: _____

Secular School: _____ Camp: _____

Child's Hebrew Name: _____ Nickname: _____

Formal Name for Certificates: _____

Child resides with ___ Mother ___ Father ___ Both ___ Other (please specify): _____

Father's Name: _____ Mother's Name: _____

Street Address: _____

City, St, Zip: _____

Home Phone: _____

Cell Phone: _____

e-mail: _____

Please check appropriate box(es):

___ Pre-K (2nd & 4th Sunday of the Month)

___ Religious School (K thru 6th)

___ Wednesday Evening Kesher (7th thru 9th)

___ Tuesday Hebrew (4th thru 6th)

___ Confirmation (10th)

___ Wednesday Hebrew (4th thru 6th)

___ Post Confirmation (11th & 12th)

___ Include us in the School Directory

___ Do NOT include us in the School Directory

Tuition 2010/2011 School Year (Tuition includes books):

___ Pre-K (2nd & 4th Sunday of the Month) \$175.00 ___ 7th through 10th Grade: \$350.00

___ K through 3rd Grade: \$350.00 ___ 11th and 12th Grade: \$80.00

___ 4th through 6th Grade: \$670.00 (Sunday & Midweek combined fees)

Religious School Fee enclosed \$_____ (make checks payable to The Temple, Congregation B'nai Jehudah)

Please charge my credit card \$_____ Credit Card Number: _____

Expiration Date: _____ Code on Back _____ Signature: _____

*****Credit cards will not be charged until August 15, 2010*****
*****Payment is due by August 15, 2010*****

Sasone

B'nai Jehudah welcomes children with special needs and we work closely with Sasone, the Jewish community inclusion program, to enable them to be joyfully successful in our religious school programming.

___ Please check here if you wish to donate \$18 toward our efforts to help these children.

EMERGENCY CONTACT INFORMATION:

Should my child become ill and a parent cannot be reached, please notify either of the following friends or family members:

Name:	Phone:	Relationship:	Authorized to Pick up?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL INFORMATION:

Child's Physician: _____ Phone: _____

Hospital Preference: _____ Medical Insurance Co: _____

Policy # _____ Group # _____

Name of Policy Holder: _____

CONFIDENTIAL INFORMATION

We respectfully ask you to complete this section in order that we may be more sensitive to your child's education needs. This information will be kept in confidence and only shared with teachers when deemed appropriate.

Have there been any major changes at home that might affect your child? Yes _____ No _____

If yes, explain: _____

Does your child have medical, emotional or developmental problems of which we should be aware? ____Yes ____No

If yes, explain: _____

Is your child on any regular medication? ____Yes ____No If yes, explain: _____

Name of Medication(s) _____ Times Taken _____

Comments: _____

____ I would like the School Director to call me to talk about the above.

____ I would like to talk to the School Director about special placement for my child.

____ Classroom assignments will be made by the School Director, Shelley Hedrick, with input by previous year's teacher.

CONSENT FORM

The undersigned, parents (or legal guardian) of: _____ Hereby consent to his/her attending The Temple, Congregation B'nai Jehudah Religious School, Hebrew School and Youth activities.

The undersigned further consent for their child, above named to receive emergency medical care if it becomes necessary in the event the undersigned cannot be reached by telephone.

I hereby give permission for images of my child, above named, captured during regular and special Temple activities through video, photo and digital camera, to be used solely for the purposes of The Temple, Congregation B'nai Jehudah's publications and website, and waive any rights of compensation or ownership thereto.

With respect to the child's participation in The Temple, Congregation B'nai Jehudah Religious School and Hebrew School events, the undersigned released The Temple, Congregation B'nai Jehudah and its officers, agents and employees, including voluntary assistants, from any and all liability for personal injury to the above-named child and agree to hold The Temple, Congregation B'nai Jehudah and its officers, agents and employees, including voluntary assistants, harmless from any and all claims for personal injury to the above-named child, including, without limitation any claims based on negligence.

Signature of Parent or Legal Guardian: _____ Date: _____