



Beit Sefer / Rabbi Avi Levine Religious School Registration Form 2017 – 2018 (5778)

Parent Information

Parent #1

Name: _____
Cell Phone: _____
Work Phone: _____
Home Phone: _____
Email: _____
Address: _____

Parent #2

Name: _____
Cell Phone: _____
Work Phone: _____
Home Phone: _____
Email: _____
Address: _____

Student(s) live with: _____ Both Parents _____ Parent #1 _____ Parent #2 _____ Other

If the parents are divorced or separated, please send school mailings to:

_____ Both Parents _____ Parent #1 _____ Parent #2

_____ Check here if you **do not** want to have your contact information, phone number, address and email included in our student directory.

If you only want some information included, please tell us what to include: _____

לְלַמֵּד וְלִלְמַד
"TO STUDY AND TO LEARN"

Student Information

Student's Name	Hebrew Name	Date of Birth	Religious School Grade	Grade in Secular School	Name of Secular School Attending

___ Yes, I give permission for my child or children's reproduction of *any* photography to be used for publicity or advertising.

___ No, I do not give permission for my child or children's reproduction of *any* photography to be used for publicity or advertising.

2017 – 2018 Beit Sefer /Religious School Tuition Fees

(Includes books, materials and snacks)

TK-3 Religious School	\$400.00	Sundays 9:30 AM to 12:00 PM
Grades 4-7 Religious & Hebrew	\$750.00	Sundays 9:30 AM to 12:00 PM
B'nai Mitzvah	\$1,200.00	Tuesdays 4:00 PM to 6:00 PM
Grades 8 -9 (Hebrew Chai)	\$500	Sundays 11:30 AM to 1:00 PM
10 th Grade (Confirmation / Hebrew Chai)	\$500	Tuesdays 4:00 PM to 5:00 PM
11 & 12th Grade (Hebrew Chai)	TBD per Event	To be determined

10% off for each additional child

Credit Card Information

Name on card: _____

Card No.: _____

Visa or MasterCard Exp. Date: _____ Code: _____

Medical Information and Authorization

(This information will be kept strictly confidential.)

Child A. List any allergies your child has: _____

List any medication(s) your child takes regularly: _____

Describe how these medications may affect his/her concentration, classroom performance, behavior, attitude, etc.:

Child B. List any allergies your child has: _____

List any medication(s) your child takes regularly: _____

Describe how these medications may affect his/her concentration, classroom performance, behavior, attitude, etc.:

Name of child(s) physician: _____

Address: _____

Phone Number: _____

In case of any injury or illness at school, every effort will be made to contact the parent(s) or guardian(s). If you cannot be reached, the school should notify:

1. Name: _____ Phone Number: _____

Relationship to student: _____

2. Name: _____ Phone Number: _____

Relationship to student: _____

Mother's Signature

Date

Father's Signature

Date



PERMISSION SLIP

(Must be completed and signed annually)

Child A. Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Grade: _____ Sex: _____

Child B. Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Grade: _____ Sex: _____

Child C. Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Grade: _____ Sex: _____

Health Insurance Co.: _____ Group No.: _____

My child, _____, has permission to attend Temple Sinai Religious School activities and field trips. My child has permission to ride in private cars or a bus, to and from the field trips. In the event that a Parent/Guardian cannot be contacted, I hereby authorize all necessary medical and/or surgical procedures that Temple Sinai may deem necessary for the health of my child. I hereby give my permission for medical personnel at any hospital, emergency room, or other health care facility, to render such emergency care. I, the undersigned Parent/Guardian, fully understand that I am responsible for any and all medical costs incurred on my child's behalf, including ambulance costs. I hereby release and hold Temple Sinai, its affiliates, staff, volunteers, officers, and directors, harmless from any and all liability with regards to the provision of emergency medical treatment to my child.

Parent / Guardian Signature: _____

Date: _____