



THE BERMAN-LIPAVSKY RELIGIOUS SCHOOL AT BETH EL CONGREGATION

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EYAL BOR, Ph.D., DIRECTOR OF EDUCATION

The Berman-Lipavsky Religious School

בית ספר ע"ש ברמן לנפשקי

2010 - 2011 * 5771 GENERAL REGISTRATION FORM

This form is to be completed for all students enrolling in Berman-Lipavsky Religious School programs. Please return to the School Office accompanied by a non-refundable registration fee of \$200 per child.

Applications can be downloaded at our website.

If registered and paid in full by Sunday, June 6, a \$50 discount will be applied to your account.

A late fee of \$50 will be assessed if registered after Friday, July 30, 2010.

STUDENT INFORMATION:

CHILD'S NAME:

LAST NAME FIRST NAME HEBREW NAME SEX BIRTHDAY GRADE(AS OF SEPT. 2010)

CHILD'S NAME:

LAST NAME FIRST NAME HEBREW NAME SEX BIRTHDAY GRADE(AS OF SEPT. 2010)

CHILD'S NAME:

LAST NAME FIRST NAME HEBREW NAME SEX BIRTHDAY GRADE(AS OF SEPT. 2010)

PARENT _____	PARENT _____
ADDRESS _____	ADDRESS _____
HOME # _____ WORK # _____	HOME # _____ WORK # _____
CELL # _____ EMAIL _____	CELL # _____ EMAIL _____

IN CASE OF EMERGENCY, CONTACT (NAME & PHONE, OTHER THAN PARENTS): _____

PEDIATRICIAN'S NAME & TELEPHONE NUMBER: _____

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS FOLLOWING THIS STATEMENT) THE DIRECTOR OF EDUCATION, RABBI OR TEACHER TO CALL MY PHYSICIAN OR TO TAKE MY CHILD TO THE HOSPITAL TO RECEIVE ANY AND ALL APPROPRIATE EMERGENCY TREATMENT. PLEASE INITIAL: _____

ARE YOU A MEMBER OF BETH EL CONGREGATION? YES _____ NO _____

RELIGION OF FAMILY MEMBERS: CIRCLE ONE

MOTHER	JEWISH BY BIRTH	JEWISH BY CONVERSION	NON-JEWISH
FATHER	JEWISH BY BIRTH	JEWISH BY CONVERSION	NON-JEWISH
STUDENT	JEWISH BY BIRTH	JEWISH BY CONVERSION	NON-JEWISH

____ I UNDERSTAND THAT THIS 2010-11 REGISTRATION APPLICATION WILL NOT BE PROCESSED UNTIL ALL OUTSTANDING BALANCES DUE FOR THE 2009-10 SCHOOL YEAR HAVE BEEN FULFILLED. PLEASE INITIAL

____ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) MY CHILD TO PARTICIPATE IN BERMAN-LIPAVSKY RELIGIOUS SCHOOL FIELD TRIPS. PLEASE INITIAL

____ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) FOR MY CHILD'S PHOTO & NAME TO BE USED FOR PUBLICITY AND COMMUNICATION BY BERMAN-LIPAVSKY RELIGIOUS SCHOOL. PLEASE INITIAL

HOW DID YOU HEAR ABOUT OUR PROGRAM (PLEASE INDICATE ALL THAT ARE APPLICABLE)?

<input type="checkbox"/> PRINT ADVERTISEMENT	<input type="checkbox"/> MEMBER OF BETH EL CONGREGATION	<input type="checkbox"/> FRIEND / WORD OF MOUTH
<input type="checkbox"/> BALTIMORE JEWISH TIMES	<input type="checkbox"/> WEBSITE OF BETH EL CONGREGATION	<input type="checkbox"/> CENTER FOR JEWISH EDUCATION
<input type="checkbox"/> INTERNET	<input type="checkbox"/> MULTI-MEDIA	

OTHER (PLEASE SPECIFY) _____

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE OF REGISTRATION FORM

SPACE BELOW FOR OFFICE USE ONLY

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

Please respond to the questions below. If they do not apply to your child, please write N/A in the spaces provided.
Use a separate sheet if necessary. All information will remain confidential. Thank you.

ARE THERE **SPECIAL MEDICAL CONCERNS** (E.G. ALLERGIES, MEDICATIONS, VISUAL PROBLEMS, ETC.) AND/OR ANY LEARNING CONSIDERATIONS IN READING, WRITING, COMPREHENSION, ORGANIZATION, SPEECH/LANGUAGE, ATTENTION, MEMORY, ETC., OF WHICH THE SCHOOL SHOULD BE AWARE? WHAT SPECIAL SERVICES, IF ANY, DOES YOUR CHILD RECEIVE IN SECULAR SCHOOL OR PRIVATELY? PLEASE SUPPLY REPORTS AND TEST RESULTS, SUCH AS I.E.P.

CHILD'S NAME	MEDICAL CONCERNS
CHILD'S NAME	MEDICAL CONCERNS
CHILD'S NAME	MEDICAL CONCERNS

PROGRAMS—PLEASE SELECT ONE OF THE FOLLOWING

BI-MONTHLY PROGRAM

▲ **FOUR YEAR OLD-SUNDAY (9:30AM-11:30AM)**

ONE DAY-A-WEEK PROGRAMS

▲ **GAN-KINDERGARTEN, SUNDAY (9:30AM-11:30AM)**

▲ **MECHINA-1ST GRADE, SUNDAY (9:30AM-11:30AM)**

▲ **GAN-KINDERGARTEN, MONDAY (4:15PM-6:00PM)**

▲ **MECHINA-1ST GRADE, MONDAY (4:15PM-6:00PM)**

▲ **GAN-KINDERGARTEN, THURSDAY (4:15PM-6:00PM)**
6:00PM)

▲ **MECHINA-1ST GRADE, THURSDAY (4:15PM-**

TWO DAY-A-WEEK PROGRAMS (GRADES 2-7)

PROJECT MISHPACHA-SUNDAY (9:30AM-11:30AM) AND TUESDAY (4:15PM-6:00PM)

▲ **ALEPH (2ND GRADE)**

▲ **BET (3RD GRADE)**

▲ **GIMEL (4TH GRADE)**

▲ **DALET (5TH GRADE)**

▲ **HAY (6TH GRADE)**

▲ **VAV (7TH GRADE)**

PROJECT MISHPACHA-SUNDAY (9:30AM-11:30AM) AND WEDNESDAY (4:15PM-6:00PM)

▲ **ALEPH (2ND GRADE)**

▲ **BET (3RD GRADE)**

▲ **GIMEL (4TH GRADE)**

▲ **DALET (5TH GRADE)**

▲ **HAY (6TH GRADE)**

▲ **VAV (7TH GRADE)**

PROJECT MISHPACHA-MONDAY (4:15PM-6:00PM) AND THURSDAY (4:15PM-6:00PM) NEW OPTION!

▲ **ALEPH (2ND GRADE)**

▲ **BET (3RD GRADE)**

▲ **GIMEL (4TH GRADE)**

▲ **DALET (5TH GRADE)**

▲ **HAY (6TH GRADE)**

▲ **VAV (7TH GRADE)**

▲ **YERUSHALAYIM (DIFFERENT LEARNING STYLES & SPECIAL NEEDS)-GRADES 2-7:
DAYS TO BE DETERMINED UPON CONSULTATION WITH DR. EYAL BOR**

▲ **CONVERSATIONAL HEBREW OPTION-ACCEPTANCE BASED UPON CONSULTATION WITH DR. EYAL BOR**

▲ **TUESDAYS-DURING SCHOOL TIME**

▲ **WEDNESDAYS-DURING SCHOOL TIME**

▲ **CHAVURAH CHADASHA - STUDENTS STUDY TOGETHER WITH PARENTS**

SUNDAYS (9:30AM-11:30AM) AND ONE SESSION MIDWEEK PLUS ADDITIONAL CRITERIA

SIGNATURE OF PARENT: _____

DATE: _____

SIGNATURE OF PARENT: _____

DATE: _____