

THE RELIGIOUS SCHOOL OF BETH EL CONGREGATION
8101 Park Heights Avenue * Baltimore * Maryland * 21208
410/484-4543 * fax: 410/580-2725 * email: fran@bethelbalto.com * website: www.bethelbalto.com
EYAL BOR, Ph.D., DIRECTOR OF EDUCATION

**2019 - 2020 * 5780 REGISTRATION FORM for
HEBREW SCHOOLS IN YOUR NEIGHBORHOOD**

This form is to be completed for all students enrolling in Beth El School sponsored programs.
Applications can be downloaded at our website.

Please return this form to the School Office along with a non-refundable registration fee of \$100 per child by May 19, 2019.

STUDENT INFORMATION

CHILD'S NAME: _____
LAST NAME FIRST NAME HEBREW NAME GENDER B-DAY GRADE (AS OF SEPT. 2019) SECULAR SCHOOL

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LAST NAME FIRST NAME HEBREW NAME GENDER B-DAY GRADE (AS OF SEPT. 2019) SECULAR SCHOOL

PARENT _____ Hebrew Name _____ OCCUPATION _____ ADDRESS _____ CITY/STATE/ZIP _____ HOME # _____ WORK # _____ CELL # _____ TEXT _____ YES or NO _____ EMAIL _____	PARENT _____ Hebrew Name _____ OCCUPATION _____ ADDRESS _____ CITY/STATE/ZIP _____ HOME # _____ WORK # _____ CELL # _____ TEXT _____ YES or NO _____ EMAIL _____
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ARE YOU A **MEMBER** OF BETH EL CONGREGATION? YES _____ NO _____

RELIGION OF FAMILY MEMBERS: CIRCLE ONE

MOTHER:	JEWISH BY BIRTH	CONVERSION (DATE _____)	NON-JEWISH
FATHER:	JEWISH BY BIRTH	CONVERSION (DATE _____)	NON-JEWISH
STUDENT:	JEWISH BY BIRTH	CONVERSION (DATE _____)	NON-JEWISH

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 PRIOR TO THIS STATEMENT) THE MEMBERS OF BETH EL NEIGHBORHOOD SCHOOL STAFF **TO CALL MY PHYSICIAN OR TO TAKE MY CHILD TO THE HOSPITAL** TO RECEIVE ANY AND ALL APPROPRIATE EMERGENCY TREATMENT. PLEASE INITIAL

_____ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) MY CHILD TO PARTICIPATE IN NEIGHBORHOOD & BETH EL'S 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 BETH EL SCHOOL. PLEASE INITIAL.

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

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,

CHILD'S NAME	MEDICAL CONCERNS / LEARNING DIFFERENCES
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HOW DID YOU HEAR ABOUT OUR PROGRAM (PLEASE INDICATE ALL THAT ARE APPLICABLE)?

- RADIO MEMBER OF BETH EL CONGREGATION FRIEND / WORD OF MOUTH
 BALTIMORE JEWISH TIMES ATTENDED BETH EL PRE-SCHOOL FACEBOOK
 WEBSITE OF BETH EL CONGREGATION OTHER PLEASE SPECIFY _____

TEXT MESSAGE, UPDATES & REMINDERS FROM BETH EL SCHOOLS

_____ I HERBY AUTHORIZE (BY MY INITIALS PRIOR TO THIS STATEMENT) THAT MY FAMILY IS **WILLING TO RECEIVE TEXT MESSAGES FOR UPDATES & REMINDERS** FROM BETH EL SCHOOLS AND/OR FROM MY CHILDREN'S TEACHERS.

NEIGHBORHOOD SCHOOL SITES

Please circle your selection of one of the following:

BALTIMORE COUNTY:	▲ ROLAND PARK	MONDAYS	3:45 – 5:30 pm
	▲ HUNT VALLEY	WEDNESDAYS	4:30 – 6:00 pm
	▲ TOWSON	THURSDAYS	4:30 – 6:00 pm
BALTIMORE CITY:	▲ FEDERAL HILL	THURSDAYS	4:00 – 5:15 pm
HOWARD COUNTY:	▲ WAVERLY ELEMENTARY	THURSDAYS	4:30 – 6:00 pm

MIDWEEK CLASSES MEET AT YOUR SELECTED LOCATION (SEE ABOVE) AT STATED DATE & TIME

SUNDAY PROGRAM at BETH EL SITE

Please write each child's name next to one of the following:

SUNDAY CLASSES FOR STUDENTS IN BET (2ND) – VAV (6TH) MEET AT THE BETH EL SITE, 9:30-11:30AM			
SUNDAY at Beth El Site			
▲ BET (2nd Grade)	_____	▲ GIMEL (3rd Grade)	_____
▲ HAY (5th Grade)	_____	▲ VAV (6th Grade)	_____
▲ DALET (4th Grade) _____			
CALL SCHOOL OFFICE, 410-484-4543 FOR MORE INFORMATION ON OUR PROGRAMS AT THESE SITES			

SIGNATURE OF PARENT: _____ DATE: _____

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