



THE BERMAN-LIPAVSKY RELIGIOUS SCHOOL at BETH EL CONGREGATION
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The Berman-Lipavsky Religious School

EYAL BOR, Ph.D., DIRECTOR OF EDUCATION

בית ספר ת"ש ברוך ליפאבסקי

2019 - 2020 * 5780 GENERAL REGISTRATION FORM

This form is to be completed for all students enrolling in Berman-Lipavsky Religious School programs.

Please complete this form online and pay the non-refundable registration fee by credit card (with 3% processing fee) or return this form by mail or in person along with a check for the 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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PARENT _____ Hebrew Name _____	PARENT _____ Hebrew Name _____
OCCUPATION _____	OCCUPATION _____
ADDRESS _____	ADDRESS _____
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____
HOME # _____ WORK # _____	HOME # _____ WORK # _____
CELL # _____ TEXT _____ YES or NO _____	CELL # _____ TEXT _____ YES or NO _____
EMAIL _____	EMAIL _____

IN CASE OF **EMERGENCY**, CONTACT NAME: _____ & PHONE: _____

PEDIATRICIAN'S NAME: _____ & PHONE: _____

____ I HEREBY AUTHORIZE (BY MY SIGNATURE & INITIALS PRIOR TO THIS STATEMENT) THE MEMBERS OF BETH EL'S 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 & 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 & INITIALS PRIOR TO THIS STATEMENT) FOR MY CHILD'S PHOTO & NAME TO BE USED FOR **PUBLICITY AND COMMUNICATION** BY BERMAN-LIPAVSKY RELIGIOUS SCHOOL.

RELIGION OF FAMILY MEMBERS: CIRCLE ONE

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

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

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

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

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
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PLEASE COMPLETE QUESTIONS ON REVERSE SIDE OF REGISTRATION FORM

LAST NAME _____

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, LIKE I.E.P.

CHILD'S NAME	MEDICAL CONCERNS / LEARNING DIFFERENCES
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TEXT MESSAGE, UPDATES & REMINDERS FROM BETH EL SCHOOLS

_____ I HEREBY AUTHORIZE (BY MY INITIALS PRIOR TO THIS STATEMENT) THAT MY FAMILY IS **WILLING TO RECEIVE TEXT MESSAGES FOR UPDATES & REMINDERS** FROM THE BERMAN-LIPAVSKY RELIGIOUS SCHOOL AND/OR FROM MY CHILDREN'S TEACHERS.

PLEASE WRITE YOUR CHILD'S FIRST NAME NEXT TO EACH SELECTION

ONE DAY-A-WEEK PROGRAMS -- SUNDAY (9:30am-11:30am)

▲ **B'RESHEET CLASS** (2 to 4 year olds) _____

▲ **GAN (KINDERGARTEN)** _____

▲ **ALEPH (1ST GRADE)** _____

ONE DAY-A-WEEK PROGRAMS -- SUNDAY - 3-HOURS (9:00am-12 noon)

▲ **BET (2ND GRADE)** _____

▲ **GIMEL (3RD GRADE)** _____

▲ **BEFORE & AFTER CARE for SIBLINGS** _____ and _____

XX

TWO DAY-A-WEEK PROGRAMS

SUNDAY (9:30am-11:30am) and TUESDAY (4:15pm-6:00pm)

▲ **BET (2nd)** _____ ▲ **GIMEL (3rd)** _____ ▲ **DALET (4th)** _____ ▲ **HAY (5th)** _____ ▲ **VAV (6th)** _____

INDIVIDUALIZED SUPPORT (ALL GRADES)

▲ **LEARNING DIFFERENCES** _____

▲ **HEBREW TUTORING** _____

XX

LAPID LEARNERS PROGRAM (7th)

BI-MONTHLY SUNDAYS (9:30am-11:30am) (Every Other Sunday)

▲ **LAPID LEARNERS (7th)** _____

ALL CLASSES WILL OPEN CONTINGENT ON ENROLLMENT OF AT LEAST TEN STUDENTS

SIGNATURE OF PARENT: _____

DATE: _____

SIGNATURE OF PARENT: _____

DATE: _____