

**BET AM SHALOM HEBREW SCHOOL**

**STUDENT REGISTRATION FORM FOR 2010-2011**

(Please Print)

**1. STUDENT INFORMATION**

Student's Name \_\_\_\_\_  
Last First Middle Hebrew

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Public School Grade (2010/2011) \_\_\_\_\_ Hebrew School Grade in Sept. 2010 \_\_\_\_\_

Name of Public School \_\_\_\_\_ District \_\_\_\_\_

Student's Email \_\_\_\_\_ Student's cell phone \_\_\_\_\_

**2. FAMILY INFORMATION**

Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Adult 1 Cell \_\_\_\_\_ Adult 2 Cell \_\_\_\_\_

Adult 1 Email \_\_\_\_\_ Adult 2 Email \_\_\_\_\_

**SIBLINGS**

Name Sex Birthdate Public School Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EMERGENCY MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Friends or relatives who can be contacted in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**4. SPECIAL LEARNING NEEDS**

Does your child have any special needs of which we should be aware?

\_\_\_\_\_

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5. **CURRENT HEALTH INFORMATION**

Please list any information pertinent to your child during the past year:

Illness \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medicine \_\_\_\_\_

Other \_\_\_\_\_

**If medication and/or an epi pen needs to be kept on site, please provide an Authorization of Emergency Treatment form from the school district or a Food Allergy Action Plan from your physician.**

6. **Classmate request for Kitah Dallet (4<sup>th</sup>) and Kitah Hay (5<sup>th</sup>)**

Please list the names in order of preference who you would like placed in your child's class. We will make every effort to honor your request.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any other social issue that would be helpful to us in placing your child in a particular class.

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7. **ENROLLMENT DEPOSIT**

**A \$250 per student enrollment deposit is due with each registration form.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

7. **ATTENDANCE POLICY**

**I understand that in order to graduate with his/her class and become a Bar/Bat Mitzvah at Bet Am Shalom Synagogue; my child is required to attend regularly scheduled classes and meet the elective requirements of his/her class.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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\*If I cannot be reached, I give permission for Bet Am Hebrew School staff to take my child \_\_\_\_\_ to the hospital Emergency Room. All necessary treatment may be given by hospital or EMT personnel at that time.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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I hereby permit my child \_\_\_\_\_ to attend any trip sponsored by the Bet Am Shalom Hebrew School for educational purposes provided that he/she is supervised by a member of the Bet Am Shalom staff or by Bet Am Shalom parents who are selected as chaperons.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_