



# Beth El-The Beaches Synagogue Religious School

288 North Roscoe Boulevard Ponte Vedra Beach, FL. 32082 904.273.9100

## 2009-2010 Registration Form

### BASIC INFORMATION

STUDENT NAME \_\_\_\_\_ GENDER M F

HEBREW NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

GRADE ENTERING SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### (2) - SECOND CHILD ENROLLED

(2) STUDENT NAME \_\_\_\_\_ GENDER M F

(2) HEBREW NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

(2) GRADE ENTERING SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### (3) - THIRD CHILD ENROLLED

(2) STUDENT NAME \_\_\_\_\_ GENDER M F

(2) HEBREW NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

(2) GRADE ENTERING SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENTS \_\_\_\_\_ BETH EL MEMBER? \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_ FATHER'S CELL \_\_\_\_\_

MOTHER'S WORK \_\_\_\_\_ FATHER'S WORK \_\_\_\_\_

IF SEPARATED/DIVORCED, STUDENT PRIMARILY LIVES WITH \_\_\_\_\_

IF THIS IS FIRST YEAR AT BETH EL RELIGIOUS SCHOOL, WHERE DID YOUR CHILD(REN) ATTEND PREVIOUS RELIGIOUS SCHOOL? \_\_\_\_\_

SIBLINGS \_\_\_\_\_

### SPECIAL INFORMATION

Have there been any major changes in your child's life situation (such as birth or death in family, moving, divorce, etc)?  
Does your child visit a parent on a regular basis which will affect attendance? \_\_\_\_\_

Does your child(ren) have any special learning needs (gifted, learning challenges, behavioral concerns, speech, vision, or hearing challenges)? \_\_\_\_\_

Medical Needs - daily medications, allergies (please list all), chronic or other health concerns: \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD(REN):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**TUITION & PAYMENT POLICY**

Registration Fee: \$75.00 per family

5% Sibling Discount\*

Tuition:	PreK-2nd	\$450.00	\$427.50
	3rd - 6th	\$625.00	\$593.75
	7 <sup>th</sup> grade/Bar/Bat Mitzvah	\$450.00 (Sundays Only)	
	Bar/Bat Mitzvah Fee	\$425.00 (6 mo. tutoring plus materials and supplies)	
	Confirmation Fee	\$150.00	

\* First child tuition is full price, younger children receives the 5% sibling discount.  
One registration fee is required per family. Tuition must be paid in full by January 2010.

\*\$25.00 late for all registration forms turned in after August 1<sup>st</sup> 2009 for returning students.

I would also like to donate \$\_\_\_\_\_ to the School Excellence Fund. Total Paid for this student: \$\_\_\_\_\_

Payment plans and Financial Assistance are available, upon request and approval by the Synagogue Treasurer.

Full tuition is expected for every student for the school year (including year of Bar/Bat Mitzvah)

Payment Information:  Check # \_\_\_\_\_  Cash \_\_\_\_\_  Mastercard  Visa  Discover

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

I hereby give my consent to the Education Director to make available to my child professional emergency medical care if such care is indicated. It is understood that every effort will be made to notify me, my spouse, or authorized person(s) before such action is taken. In the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, paramedic, or hospital medical staff.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

This is to certify that my child has my permission to participate in all activities that are part of the Beth El Religious School program for which he/she is registered.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PERMISSION FOR PHOTOGRAPHY AND PUBLICITY

\_\_\_\_\_ Please initial here allowing us to put pictures and or name of your child, individually or in group settings with other students, on our website and other publicity materials for education and advertising purposes.

### **FAMILY STANDARDS**

I have read and discussed these standards with my child(ren).

1. My child will attend and participate fully in the program. My child will be punctual. If my child needs to leave early, my child will bring a note I have signed and will wait in the classroom until my arrival.
2. Inappropriate behavior as determined by any teacher or administrative staff member will not be tolerated. I will pay for any damage that my child causes. I understand that inappropriate behavior could result in my child's suspension or expulsion from the program.
3. We understand that, from time to time, rituals, routines, and rules may be amended.

---

Parent Signature

Date