

Congregation Beth Israel Hebrew School

May, 2011

Dear Parents,

Though this school year has not ended, we are hard at work for the 5772 school year.

In this packet you will find the **Registration/ Release Forms, Student Medical Form and the Information Form**. To allow us to accurately assess our staffing and other needs, we ask that you return these registration materials by **June 31, 2011**. **Please return these with a \$100 per child fee to be credited to your child's tuition .**

*Separate Forms must be filled out for each student.
Additional Forms can be found on the Beth Israel web-site*

To insure that you are locked into the current year's tuition for 2011-2012, all tuition must be paid in full by September 1st. After that date, registrations received for returning students will be at the higher 2011-2012 fees. School tuition is due in full by December 31, 2011.

Our program needs parent involvement to be successful. Please volunteer for at least one of the following:

- Become a class parent
- Join the Education Committee
- Buy snacks for the school
- Help with Sukkot activities
- Organize/help Astronomy-to-go
- Coordinate/help the Purim Carnival
- Passover candy sale
- Help at the Passover Seder
- Eliana Andersen Arts and Creativity Festival

Later this summer, we will send you a full school calendar for the 5772 school year. In the meantime, if you have any questions, please do not hesitate to call me at 610-566-4645 or email me at helenecohen@comcast.net

L'shalom,
Helene Cohen
Principal

Financial Agreements: Congregation Beth Israel is committed to making Jewish learning accessible to all our children. If the fees listed present a problem for you, please contact:
Marilyn Drukin(drukinm@comcast.net 610-544-2325) or Rabbi Linda (ravltp@bethisraelmedia.org 610-566-4645 ex 1) to discuss alternative financial agreements.

REGISTRATION/ RELEASE FORMS

Student's name _____ Hebrew Name _____

Address _____ Phone # _____

Date of Birth _____ Grade at Beth Israel (entering 9/2011) _____

Secular School _____ School grade (entering 9/2011) _____

Parent Information

Parent 1

Name _____ Phone: work _____

E-mail _____ Cell phones _____

Address and phone (if different from above) _____

Parent 2

Name _____ Phone: work _____

E-mail _____ Cell phones _____

Address and phone (if different from above) _____

I/We grant permission for my child to participate in all activities for the grade in which he/she is enrolled.
I/We release Congregation Beth Israel and its officers, employers, agents, and volunteers of any liability arising out my/our child's participation in its Hebrew School program.

Parent Signature _____ Date _____

I/We give permission to Beth Israel to photograph my child _____ for use in all legal media regarding the Hebrew School for the calendar year 2011-2012.

Parent Signature _____ Date _____

STUDENT MEDICAL FORM

Student's Name _____ Grade _____

Address _____ Date of Birth _____

Parent 1 Name _____ Home # _____

Work # _____ Cell # _____

Parent 2 Name _____ Home # _____

Work # _____ Cell # _____

Health Insurance Company _____ **Policy #** _____

Name and Phone Number of Student's Primary Physician _____

Special Medical Information (food and other allergies, medications your child takes, etc):

Please describe any other health conditions of which the staff should be aware:

In the event of an emergency, if parents cannot be reached, please notify:

Name: _____ Phone # _____ Cell # _____

Relationship to student: _____

Parental consent, acknowledgement and waiver

I hereby give permission to the Beth Israel staff to seek emergency medical treatment for my child if they deem it necessary. I agree to the release of any record necessary for insurance purposes. I give permission to the Beth Israel staff to arrange necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the Beth Israel staff to secure and administer treatment, including hospitalization, for my child. I give permission to any health care provider, such as a hospital or physician, to share my child's medical information with the Beth Israel staff, for treatment purposes.

I hereby release Congregation Beth Israel and all of its employees, agents, officers and volunteers from any liability whatsoever, including but not limited to liability for personal injury arising out of or connected with my child's health or medical condition or any acts or omissions by Beth Israel or its employees, agents, officers and volunteers relating to my child's health or medical condition, including but not limited to any acts or omissions relating to the administration of medication or other treatment.

Parent / Guardian's Signature _____ Date _____

