

BETH ISRAEL HEBREW SCHOOL REGISTRATION FORM- 5768

2007-2008

Student's name..... Birthdate..... Age.....
Student's Hebrew name..... Student's Public School..... Grade.....
Address..... City/Town..... State..... Zip.....
Family e-mail addresses..... Home telephone no.....
Student's e-mail address.....

- Child will attend Mechina (preschool) classes
- Family will attend Gan (kindergarten) classes
- Student will attend Midrashah Aleph (8th-10th) or Midrashah Bet (11th & 12th)
- Family will attend the Family Ed classes with Helen Plotkin (4th-7th grades)

In case of emergency/snow closing notify(weekend)..... Phone no.....
(Tuesday)..... Phone no.....

emergency e-mail address.....
Parent or guardian name.....
Cell/Business phone(s).....
Address (if different from child's).....
Parent or guardian name (if at a different address).....
Cell/Business phone(s).....
Address (if different from child's).....

If parents are divorced or separated

Is there joint custody?..... If not, who is the custodial parent?.....
Is the non-custodial parent authorized to pick up the child?..... to be notified in the case of an
emergency?.....
Do you wish all mail regarding your child to go to both parents?.....

Transportation and Supervision

Who will pick up your child after school on the weekend?.....
on Tuesday?.....

Siblings

Name..... Age..... Name..... Age.....
Name..... Age..... Name..... Age.....
Name..... Age..... Name..... Age.....

Special Needs

- Dietary restrictions.....
- Learning disabilities.....
- Medical issues (allergies, etc.).....
- Family circumstances.....
- Other issues (please describe fully; use separate sheet if necessary).....
- Child's insurance company (medical) & ID #.....
- Name of insured.....

Please note that tuition must be paid along with dues as per statement.

Please return this form to Beth Israel
(Please make additional copies as needed)