



Beth Chaverim Reform Congregation Religious School

2011 – 2012 Registration Information

REGISTRATION FORMS: The attached two-sided form will register your child for next year and serve as our emergency information resource. Be sure to sign the form and answer all the questions.

HOW DO I SUBMIT MY REGISTRATION FORM? All registration forms (one per child) can be hand-delivered or mailed to the synagogue.

CLASS ASSIGNMENTS: Students in Pre-K through 2nd grade will meet on Sundays from 9 -11 am. Students in 3rd through 7th grade will meet on Sundays from 9 - 12 noon. Students in 8th – 10th grades will meet on Sundays from 11 am – 1, lunch will be served at 12:30 pm. One Sunday a month, 8th – 10th grades will meet at an alternative time TBD each month based on the activity they will be participating in.

WHEN WILL SCHOOL BEGIN NEXT YEAR?

Religious School is scheduled to begin on Sunday, September 11, 2011.



2011 – 2012 Religious School Registration Form

Student's Name _____
(Last) (First) (Middle)

Student's Hebrew Name _____

Religious School Grade as of 11/12: _____

CONTACT INFORMATION:

Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: (____) _____ Date of Birth: _____ Sex: _____
Email Address(es): _____
Name of Secular Public/Private School (as of 11/12): _____

Mother/Guardian's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: Daytime: (____) _____ Evening: (____) _____
Cell: (____) _____

Father/Guardian's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: Daytime: (____) _____ Evening: (____) _____
Cell: (____) _____

If parents live at separate locations, please check if you would like school correspondence to be sent to both parents _____ If not, which parent should receive the information? _____

You may use my child's photograph in the Beth Chaverim newsletter and/or on the web site:
 Yes NO

EMERGENCY CONTACTS:

Please list two individuals (other than listed above) we can contact if needed:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In case of accident or serious illness, the school will attempt to contact me. If the school is unable to reach me, I hereby authorize the school to transport my child to receive appropriate medical treatment. It is understood that this permission is effective as long as the child is enrolled in school.

Date: _____ Parent's/Guardian's Signature: _____



Please turn over and complete the other side of this form.
2011 – 2012 Religious School Registration Form
Page 2

Please tell us a little bit about yourselves and your child:

(Please use another page if more space is required for your responses.)

1. Does your child have any special needs, including but not limited to educational or health issues? Please list. If your child has an IEP, please make sure a copy is provided to the school. Please note this information will only be shared with your child's teacher and school administration.

2. Does your child have any food allergies? Please list.

3. We sometimes organize field trips or arrange for guest speakers for our classes to take place during Sunday school hours. Do you have any suggestions for field trips/speakers that you would like us to consider?

Would you be willing to be a chaperone and/or organize? Yes No

4. We are looking for parent representatives for each grade. As required, the parent representatives may assist the teacher/ Education VP with phone calls to class parents and provide feedback on how we can improve our school. Would you be willing to act as a parent representative for your child's class?

Yes No

5. Sometimes at the school, we include special guests/speakers. Do you have any areas of interest/special talent(s) that you would be willing to share with the students AND if so, which grade would best benefit from your visit?

6. Occasionally, we need to call on our parents to serve as substitute teachers. There is no compensation for filling this role. We would provide you with the materials you would need and the topics to be covered that day.

Would you be willing to substitute if needed? Yes No

If yes, please provide your name and a phone number where you would like us to reach you:

7. In the event I cannot pick up my child, he/she may go home with: _____
This person's phone number is: _____

8. Other comments / concerns: _____