

## Beth Israel Cohen Family Religious School

### Registration Form

For School Year 2022– 2023 / 5783

Please completely fill out a separate form for each student enrolling.

Please PRINT neatly.

Student Name:	
Student's Hebrew Name:	
Date of Birth:	
Home Address:	
Home Phone:	
Grade in Secular School for '22 '23:	<input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Name of Secular School Attending	
Registering for:	Please check the appropriate box:
Sunday School only:	<input type="checkbox"/> Gan (K) <input type="checkbox"/> Aleph א (1st) <input type="checkbox"/> Bet ב (2nd) <input type="checkbox"/> Gimel ג (3rd) <input type="checkbox"/> Dalet ד (4th) <input type="checkbox"/> Hey ה (5th)
One "Plus" - Sunday & Wednesday School:	<input type="checkbox"/> Gimel ג (3rd) <input type="checkbox"/> Dalet ד (4th) <input type="checkbox"/> Hey ה (5th) <input type="checkbox"/> Vav ו (6th) <input type="checkbox"/> Zayin ז (7th)
Confirmation	<input type="checkbox"/> Confirmation I (8th) <input type="checkbox"/> Confirmation II (9th)
B.I. High	<input type="checkbox"/> B.I. High Program (8th-12th graders)

<i>Parent/Guardian Information</i>	Parent 1	Parent 2
First Name, Last Name		
Work Phone:		
Cell Phone:		
Home Email:		
Work Email:		
How do you prefer to be contacted?	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email Phone <u>Specify which email:</u> home, work, or both	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email Phone <u>Specify which email:</u> home, work, or both
Address, if different than student's address listed above		
If parents are not living together, please send mail to this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If parents are <i>NOT</i> living together, student lives with:	Parent 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent 2 <input type="checkbox"/> Yes <input type="checkbox"/> No

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Is there a designated custodial parent? Please explain if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can child leave with either parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in being a classroom parent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other siblings attending Beth Israel Cohen Family Religious School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical Information:

Contacts	Name, Relationship to Student	Phone
Emergency Contact 1 (other than parent)		
Emergency Contact 2 (other than parent)		
Doctor		
Dentist		

Beth Israel Congregation cannot be responsible for administering any medications to any student. Please do not send medications with your child to school, either prescription or over-the-counter types. Please administer your child's medications at home, before your child comes to school.

Is your child taking any medication?  No  Yes: (please list): \_\_\_\_\_  
Does your child have any allergies?  No  Yes: (please list): \_\_\_\_\_  
Are these allergies life threatening?  No  Yes: (please provide instructions in the event of an emergency): \_\_\_\_\_

*In case of injury or illness while your child is at school, every effort will be made to contact the parent or emergency contact. The following instructions will remain in force unless revoked by the parent/guardian in writing.*

- If the injury is minor, give my child first aid  Yes  No
- If illness or injury is serious and the parent cannot be reached, please contact our personal physician or dentist  Yes  No
- Doctor/Dentist Name/ Phone \_\_\_\_\_
- In case of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that every effort will be made to contact me immediately.  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Opt Out Photo Release Form:**

For clarity, the term photograph as used herein encompasses both still and motion picture photography.

Beth Israel Congregation will often take photographs of students and members, or photographs in which the students may be involved with others for the purpose of promoting Beth Israel Congregation.

This form allows parents/guardians the option to **NOT** allow Beth Israel Congregation to take photographs of their minor children for the purpose of promoting Beth Israel Congregation.

Failure to exercise this option, releases and discharges Beth Israel Congregation from any and all claims arising out of the use of photographs, or any right that the parents or minor may have.

To exercise this option, check the box below and provide the information requested within ten (10) days of receipt of this form.

**\*Complete the portion below only if you do not allow Beth Israel Congregation to take photographs of your children.**

I do **not** give Beth Israel Congregation permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting Beth Israel Congregation.

I, \_\_\_\_\_ am 18 or older and am able to contract for the student in the above regard. I have read the above statement and fully understand its contents.

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

Date \_\_\_\_\_

Name (please print)

\_\_\_\_\_

Name of Minor(s)

\_\_\_\_\_

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**Educational Information:**

Please note that all information provided is considered highly confidential and will be shared with your child's teacher only as necessary. It is imperative that we know your child's strengths and difficulties so that we can provide a high quality, educational experience that meets your child's needs.

In order to help us provide the best educational situation for your child, the following information would be helpful. Please check all that apply.

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> My child has an IEP                   | <input type="checkbox"/> I will make a copy or update of my child's IEP/GIEP available to the Educational Director. |                                       |
| <input type="checkbox"/> My child has a GIEP                   | <input type="checkbox"/> My child is academically gifted  |                                       |
| <input type="checkbox"/> Wears glasses                         | <input type="checkbox"/> Wears contact lenses   |                                       |
| <input type="checkbox"/> Color-blindness                       | <input type="checkbox"/> Has difficulty with visual perception  |                                       |
| <input type="checkbox"/> Reads below grade level               | <input type="checkbox"/> Has difficulty copying from the board  |                                       |
| <input type="checkbox"/> Dyslexia                              | <input type="checkbox"/> Has difficulty understanding written instructions  |                                       |
| <input type="checkbox"/> Has difficulty hearing                | <input type="checkbox"/> Has difficulty understanding spoken instructions   |                                       |
| <input type="checkbox"/> Short attention span                  | <input type="checkbox"/> Over-active  | <input type="checkbox"/> Easily upset |
| <input type="checkbox"/> Has difficulty interacting with peers | <input type="checkbox"/> Has difficulty interacting with adults   |                                       |
| <input type="checkbox"/> Special Dietary Restrictions: _____   |   |                                       |
| <input type="checkbox"/> Other: Please explain: _____          |   |                                       |
- 

**TUITION FEES: Please see your dues statement for Religious School tuition fees**

- Tuition includes the price of textbooks, digital components, and misc. materials
- If any schoolbooks are lost, they will be reordered at the parents' expense
- A \$50 enrichment fee for each student in grades K – Confirmation will be added to tuition bills, to pay for class projects.
- Tuition bills will be mailed out with your annual synagogue dues statement in late June.
- 50% of tuition will be due by July 31<sup>st</sup>, with the balance due by August 31<sup>st</sup>.
- **Tuition and enrichment fees must be paid in full before students may attend Religious School.**

**Please drop off forms to main office or mail to:**

**Beth Israel Congregation  
P.O. Box 678  
Uwchland, PA 19480  
Attention: Alisa Katz**