# Beth Israel Cohen Family Religious School
# Registration Form

For School Year 2026 – 2027 / 5787

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

**Please PRINT neatly.**

| | |
|---|---|
| **Student's Name:** | |
| **Student's Hebrew Name:** | |
| **Date of Birth:** | |
| **Home Address:** | |
| | |
| **Home Phone:** | |
| **Grade in Secular School for '24- '25:** | ❑Pre-K ❑K ❑1 ❑2 ❑3 ❑4 ❑5<br>❑6 ❑7 ❑8 ❑9 ❑10 ❑11 ❑12 |
| **Name of Secular School Attending** | |
| **Registering for:** | **Please check the appropriate box:** |
| **Sunday School only:** | ❑Gan (K) ❑Aleph א (1st) ❑Bet ב (2nd) |
| **Sunday & Tuesday School:** | ❑Gimel ג (3rd) ❑Dalet ד (4th) ❑ Hey ה (5th)<br>❑Vav ו (6th) ❑Zayin ז (7th) |
| **B.I. High** | ❑B.I. High Program (8th – 12th) |

| *Parent/Guardian Information* | Parent 1 | Parent 2 |
|---|---|---|
| **First Name, Last Name** | | |
| **Work Phone:** | | |
| **Cell Phone:** | | |
| **Home Email:** | | |
| **Work Email:** | | |
| **Preferred method of contact for teacher and director communications:** | ❑ Text cell phone<br>❑ Email | ❑ Text cell phone<br>❑ Email |
| **Address, if different than student's address listed above** | | |
| **If parents are not living together, please send mail to this address?** | ❑ Yes ❑ No | ❑ Yes ❑ No |
| **If parents are *NOT* living together, student lives with:** | **Parent 1**<br>❑ Yes ❑ No | **Parent 2**<br>❑ Yes ❑ No |
| **Is there a designated custodial parent? Please explain if necessary.** | ❑ Yes ❑ No | ❑ Yes ❑ No |
| **Can child leave with either parent?** | ❑ Yes ❑ No | ❑ Yes ❑ No |

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***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
- 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 _____

Parent 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.

❑ My child has an IEP
❑ I will make a copy or update of my child's IEP/GIEP available to the Educational Director.
❑ My child has a GIEP
❑ My child is academically gifted
❑ Wears glasses
❑ Wears contact lenses
❑ Color-blindness
❑ Has difficulty with visual perception
❑ Reads below grade level
❑ Has difficulty copying from the board
❑ Dyslexia
❑ Has difficulty understanding written instructions
❑ Has difficulty hearing
❑ Has difficulty understanding spoken instructions
❑ Short attention span
❑ Over-active
❑ Easily upset
❑ Has difficulty interacting with peers
❑ Has difficulty interacting with adults
❑ Special Dietary Restrictions: _____
❑ 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 $75 enrichment fee for each student in grades K – 7 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 31st, with the balance due by August 31st.
- **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**