

BETH RADOM B'NEI MITZVAH EDUCATION PROGRAM
STUDENT REGISTRATION FORM ACADEMIC YEAR 2010

Bar/Bat Mitzvah Information: Date: _____ Day of Week: _____ Parshat: _____
Classes Begin: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Home Phone: (____) _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Student's Personal E-mail (if any): _____

Permission to use Email for: Office Only _____ Share w/Teachers _____ Please Initial _____

Hebrew Name: _____

Secular School Grade as of September 2009: _____ Name of Secular School: _____

PARENT/GUARDIAN INFORMATION:

Student lives with: _____

Parent 1

Last Name: _____ First Name: _____ E-Mail: _____

Home Phone: (____) _____ Bus. Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Address: _____ City: _____ Postal Code: _____

if different from above

Parent 2

Last Name: _____ First Name: _____ E-Mail: _____

Home Phone (____) _____ Bus. Phone (____) _____ Cell Phone: (____) _____

E-mail address: _____

Address _____ City _____ Postal Code: _____

if different from above

EDUCATIONAL INFORMATION

At Congregation Beth Radom, we strive to establish an environment in which all types of learners may thrive. Information you provide about your child's learning strengths and challenges will assist in our efforts to accommodate and provide for those needs. Please also provide any IPRC information if available.

My child has the following learning and/or behavior issue (please explain):

Please check your preferred location and time. We will do our best to accommodate your requests.

Location Options

Beth Radom (Tuesdays only): 5:00 p.m. – 6:00 p.m. _____

and Class Times:

Promenade Mall (Mondays only): 4:30 p.m. _____ – 5:30 p.m. _____

Class times are subject to availability.

EMERGENCY CONTACT INFORMATION:

for: _____

Contact 1

Last Name: _____ First Name: _____ Relationship: _____

Home Phone (____) _____ Bus. Phone (____) _____ Cell Phone: (____) _____

Contact 2

Last Name: _____ First Name: _____ Relationship: _____

Home Phone (____) _____ Bus. Phone (____) _____ Cell Phone: (____) _____

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____ Phone: (____) _____

Health Card#: _____ Version Code: _____

Medical Insurance Company:

_____ Group ID: _____ Plan: _____

Does your child have any illnesses or chronic conditions of which school personnel need to be aware? (i.e., asthma, dietary restrictions, allergies, hearing, vision, speech)? If yes, please list and explain:

Is your child taking any medications? If yes, please list:

In case of a medical emergency, I authorize the staff at Congregation Beth Radom to obtain emergency medical treatment for my child.

I / We _____ understand and agree that in case of emergency or injury to _____ (Child's name), such action will be taken and medical treatment administered as deemed necessary by the school or its employees. I hereby release the school, its employees and agents from any claim or liability with respect to the same. I give the school such authorization that permits any person or hospital to provide such treatment to my child as may be advisable in the circumstances, and this shall be sufficient authority for so doing.

CHARGE FOR B'NEI MITZVAH EDUCATIONAL PROGRAM:	Members: \$975.00
(Donation receipts for educational programs are issued by the Beth Radom Congregation)	NON-Members: \$1,075.00

Parent 1 Signature: _____

Date: _____

Parent 2 Signature: _____

Date: _____

Notice to Parents/Guardians and Children- Collection and Release of Information: Information is collected pursuant to the Education Act. Limited information may be disclosed beyond the scope of Beth Radom. This may include the release of students' names, ages and grades, photographs, artwork, writing or other school related work to the media for publicity, displays, newsletters etc. If you do not consent to the release of information, please inform the Director of Education in writing prior to the commencement of the school year. All information will be held in confidence, shared only as reasonably necessary to provide a positive quality educational experience for your child.