

For Questions about school programs contact:  
 Aviva Gershman (804) 740-0820  
 The Jacob and Selma Brown Religious School  
 Temple Beth-El, Richmond, VA 23229

## *School Registration, 2009 - 2010*

Return by mail to:  
 Temple Beth-El 3330 Grove Avenue, Richmond, VA 23221  
 Attn: Registration

Student's Last Name			First	Middle	Hebrew Name	
Home Phone #	Address			City	Zip Code	
Grade	Secular School, 2009 - 2010	Date of Birth	Gender	Hebrew birthday (if known)		

### ***PARENTS OR GUARDIANS***

Parent # 1:	Email Address	Work Phone	Cellular Phone
Parent # 2:	Email Address	Work Phone	Cellular Phone

### ***EMERGENCY / MEDICAL***

Contact if parents can't be reached	Phone Number	Child's Doctor	Dr.'s Phone #
<b>In Case of emergency and parents cannot be reached, may the school:</b> <input type="checkbox"/> Call your child's doctor? <input type="checkbox"/> Take your child to the hospital?		Hospital preference	
Detail any medical, emotional or learning challenges that your child may have (include allergies, medications, etc.)			
Does your child have an IEP (Individual Education Plan) at school?     IEP <input type="checkbox"/> Yes <input type="checkbox"/> No			

### ***PARENTS TALENTS AND INTEREST***

Parent #1- Interests:	Parent #2 - Interests:
Talents:	Talents:
Would you consider being a Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you consider being a Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
On a volunteer basis – what would you like to do?	On a volunteer basis – what would you like to do?
Would you like to be a Room Parent?	

**TUITION - FEES – MEMBERSHIPS – DONATIONS**

Tuition is subsidized significantly by the Synagogue and Sisterhood.

Pre-K: (16 sessions) [ ] Grades K\* – 1: \$412 [ ] Grades 2 – 7: \$618 [ ] Grades 8 – 10: \$438  
[ ] Member: \$205 \*

[ ] Non-Member: \$232 \*\*

[ ] \$325: Students concurrently enrolled in a Jewish day school ( Sunday Only at Beth-El )

Total \$ \_\_\_\_\_

[ ] Late Fee: \$25 for returning families after August 1, 2009

METHOD OF PAYMENT: [ ] Check Enclosed [ ] Credit Card

Name on Credit Card: \_\_\_\_\_ Card No#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV # \_\_\_\_\_

**SCHEDULE OF PAYMENT:**

[ ] 100% Enclosed or Charge Now (Payment-In-Full)

[ ] Balance paid in Two (2) equal payments. (½ is due w/ application; the balance is due in December.) Check - Credit Card - Bank Draft

\* Parents enrolling their child in the Preschool or K program understand that they may be required to volunteer one Sunday during the year.

\*\* Preschool only is open to Non-Members.

**YOUTH GROUP MEMBERSHIPS**

[ ] Ruach - \$25 – Grades 3 – 5 \$ \_\_\_\_\_

[ ] Kadima \$35 – Grades 6 - 8 \$ \_\_\_\_\_

[ ] USY – \$45 - Grades 9 through 12 \$ \_\_\_\_\_

METHOD OF PAYMENT: [ ] Check enclosed [ ] Charge now (use credit card information above)

***VOLUNTARY DONATION***

Would you like to give an additional amount to help off-set the operational cost of School? This is a voluntary donation.

\$ \_\_\_\_\_ School Operational Cost Off-Set

METHOD OF PAYMENT: [ ] Check enclosed [ ] Charge now (use credit card information above)

Enrollment in the Temple Beth-El School is open only to the children of members of Temple Beth-El whose Temple dues and school fees are currently up-to-date. All school fees are non-refundable. Financial inquires should be made to Executive Director at (804) 355-3564.

I verify that the information listed above is correct. I further verify that I have read the conditions above concerning the payment of tuition and membership fees and I agree to abide by them. I further understand that if satisfactory arrangements are not made, my child will not be allowed to attend the religious school.

\_\_\_\_\_  
Parent or Guardian Signature **Date:** \_\_\_\_\_

**Bookkeeper Only:**

Late Fee (\$25) Applied [ ] Yes Date Received: \_\_\_\_\_

Processed Date: \_\_\_\_\_ Inv No: \_\_\_\_\_ Total Amt: \_\_\_\_\_

Payments [ ]  
Paid in Full [ ]

Date Recd: \_\_\_\_\_  
Check # \_\_\_\_\_

## YOUTH REGISTRATION FORM 2009-2010

(Separate registration forms must be completed for each child. Please print.)

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Member's E-Mail: \_\_\_\_\_ \*Parent's E-Mail: \_\_\_\_\_

Religious School: \_\_\_\_\_ Grade in 08-09: \_\_\_\_\_

Secular School: \_\_\_\_\_ Grade in 08-09: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Are you or your family a member of Temple Beth-El \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'NO', list synagogue affiliation \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Address (if different): \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Pager: \_\_\_\_\_

**Parents: Please fill in ALL areas above. We use this information to provide you and your child with information and updates all year.**

**\*Email addresses are very important. If you both have email addresses, please list both. Some correspondence is sent only to parents.**

Enclose a \$25.00 / \$35.00 or \$45.00 check made payable to "Temple Beth-El Ruach, Kadima or USY" & send to:

**Temple Beth El (USY, Kadima, or Ruach )  
601 N. Parham Road  
Richmond, Virginia 23229**

Please be sure to include the Medical Information

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

## Medical Information

*(All information will be kept confidential)*

### **Complete Entire Form**

**Your child will not be permitted to participate in, be transported to, or attend any local or regional events unless Medical/Insurance/Release forms are completed.**

Does your child have any allergies or medical conditions that require special medication or attention? \_\_\_\_\_ No \_\_\_\_\_ Yes (please explain below)

\_\_\_\_\_  
\_\_\_\_\_

List medications, dosages, and frequency:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone : \_\_\_\_\_

### **Emergency Contacts**

*Name:* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone:* \_\_\_\_\_

### **Insurance Information**

*Name of Insured:* \_\_\_\_\_ *Insurance Co.* \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_

### **Permission/Release Form**

I give my child, \_\_\_\_\_ permission to attend and participate in Beth-El Youth activities. I hereby authorize the supervisory person present to grant approval for treatment in an emergency. Beth-El shall not be liable or responsible for any injury or loss suffered by or to any participant in this activity while the participant is attending or engaged in this activity or is in transit to or from the activity, whether such injury or loss is caused by the negligence of any agent, employee, or any other person acting on behalf of Temple Beth-El or otherwise.

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