



Congregation  
Beth El

**Religious School Registration for the 2009-2010 School Year**

Dear Families:

It's hard to believe that the religious school year is almost over. Before you go into "vacation mode," I would greatly appreciate it if you would fill out the attached forms to register your child(ren) for the 2009-10 religious school year. By completing the registration now, you won't have to think about all summer long!

**PLEASE:**

- 1) Complete the family registration form and the confidential information form for all students entering the Kindergarten through 7<sup>th</sup> grades (as neatly and comprehensively as possible). It is very important that the information we receive (confidential, of course) is thorough and complete so that we can promote the success of each student and of each class.
- 2) Return the information with your check covering the \$100 per child registration fee payable to Congregation Beth El.

Please feel free to contact me with any questions or concerns you may have.

***B'Shalom*** –

Karen B. Lewin  
Education Director



Congregation  
Beth El

THE FIERVERKER RELIGIOUS SCHOOL  
375 Stony Hill Road Yardley, PA 19067  
215-493-1707 Ext. 3 215-493-7717

**REGISTRATION FORM 2009-2010**

**All information on BOTH SIDES of this form MUST BE COMPLETED IN FULL  
and submitted with the enclosed CONFIDENTIAL INFORMATION CARD**

**Mother's Information**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Father's Information**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Child 1 - MALE / FEMALE**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade- 2009-10 \_\_\_\_\_ Birthday \_\_\_\_\_  
Email \_\_\_\_\_

**Child 2 - MALE / FEMALE**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade- 2009-10 \_\_\_\_\_ Birthday \_\_\_\_\_  
Email \_\_\_\_\_

**Child 3 - MALE / FEMALE**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade- 2009-10 \_\_\_\_\_ Birthday \_\_\_\_\_  
Email \_\_\_\_\_

**Child 4 - MALE / FEMALE**

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade- 2009-10 \_\_\_\_\_ Birthday \_\_\_\_\_  
Email \_\_\_\_\_

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**A \$100 per child, non-refundable deposit must accompany this application  
which will be applied to school fees.**

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OVER**  
➔

**PERSONAL/EMERGENCY INFORMATION** – When you cannot be reached directly, please provide other contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of injury to or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian. It is imperative that you update this information if there is a change during the school year.

If injury is serious and the parent cannot be contacted, do you wish your personal physician contacted? Yes \_\_\_\_ No \_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child(ren):  
I understand that I, or an emergency contact and my physician, will be contacted immediately.

_____	_____	_____
Health Insurance Company	Insurance Policy/Group #	Insurance Phone #
_____	_____	_____
Parent/Guardian Name (please print)	Parent/Guardian Signature	Date

**CONFIDENTIAL INFORMATION\*** - Please check any condition experienced by your child. Our knowledge of issues in any of the areas below will enable us to create a more satisfactory experience for your child(ren).

Vision \_\_\_\_ Hearing \_\_\_\_ Medications \_\_\_\_ Allergies \_\_\_\_ Other Health Concerns \_\_\_\_ Education \_\_\_\_

Please explain: \_\_\_\_\_

*\*Please refer to, complete and return the **CONFIDENTIAL INFORMATION CARD** to share private information regarding each student.*

**MEDIA RELEASE FORM**

I understand that my student's picture may appear in newspapers, on television, on the synagogue and Religious School websites, in Congregation Beth El publications, or in/on other communication tools to promote Congregation Beth El.

\_\_\_\_ I will allow my student to be photographed and included for the purposes explained above.

\_\_\_\_ I will not allow my student to be photographed and included for the purposes explained above.

_____	_____	_____
Parent/Guardian Name (please print)	Parent/Guardian Signature	Date

**FOR NEW STUDENTS ONLY:** Did your child(ren) previously attend another Religious School? Yes \_\_\_\_ No \_\_\_\_

If so, please complete the information requested below:

_____	_____	_____
Synagogue	Address	City/State/Zip

Grades completed for each child: \_\_\_\_\_

Office Use Only:	Date Rec'd _____	Rec'd by _____	New Student ____	Returning Student ____
	Check # _____	Check Amt _____		
	Confidential Information Card Rec'd _____		Date Entered _____	Entered by _____

Student's Name \_\_\_\_\_

Entering Grade \_\_\_\_\_

In order to create an effective and positive learning environment for everyone, please provide information about your child.

Does your child have any learning disabilities/special needs, health issues that may affect his/her classroom performance?

Yes\_\_\_\_\_ No\_\_\_\_\_ [Please describe below, including medication/daily maintenance, and/or specific food allergies]

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

Does your child have an IEP? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, may we contact the school for guidance in our inclusion efforts? Yes\_\_\_\_\_ No\_\_\_\_\_

A "diagnosis" gives useful information, but your description of how your child learns/interacts is most helpful in guiding our efforts.

Please describe how your child best learns:

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

Please describe below how your child best interacts with other students and peers:

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

Please describe any other details that would be helpful to know about your child:

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

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student's Name \_\_\_\_\_

Entering Grade \_\_\_\_\_

In order to create an effective and positive learning environment for everyone, please provide information about your child.

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

Please describe any other details that would be helpful to know about your child:

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

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date