

**CONGREGATION BETH EL RELIGIOUS SCHOOL**  
**Registration 2007-2008/5768**



*Please complete and/or correct ALL information requested on both pages. To correct information please cross out incorrect information and write in new (please print neatly). One form should be filled out for each child in the family.*

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_ Alternate Address & Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Child's Cell Phone (if s/he has one): \_\_\_\_\_

**PARENT INFORMATION**

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION**

Physician: \_\_\_\_\_  
Additional Medical Notes (including Dentist, Insurance Coverage and Number, Allergy Information, etc.)

My child uses an EPI-PEN to respond to allergic reactions:  YES  NO  
Date of most recent tetanus booster:

Any other medical information you consider significant (use the back of this form as needed):

**Medical Release**

I authorize Congregation Beth El Religious School to take measures deemed necessary to seek or administer medical treatment for my child in the event of an emergency. This authorization applies to incidents at the school and/or on field trips.

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**STUDENT INFORMATION**

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

Nickname: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**SCHOOL INFORMATION**

Secular School Grade as of 9/07:

Religious School Grade as of 9/07:

Name of Secular School:

In the event that school is cancelled and you are unavailable, please let us know where your child will go:

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**EMAIL CONTACTS**

Home Email: Throughout the year we will be in communication with you via email. Please list the email address(es) to which you want school communications sent. If you do not use email, please let us know the best alternative way to contact you. *If your email changes during the year, please be sure to inform the office.*

**Home Email:**

Student Email: At times teachers will want to communicate directly with students. Please list the email address which you want the teacher to use.

**Student Email:**

**Class Preference:**

Please list two (2) students your child wants to be with next year. We cannot promise that your requests will be honored, but this will help with placement.

---

**Please list other special considerations we should take into account when assigning your child's class:**

*Please write any other important information you want the school to know on the back of this form.*

---

---

**SCHOOL FEES FOR 2007-2008:** Please confirm agreement to pay tuition and fees by checking appropriate box(es)

\$635 Grades K-2

\$595 Grades 7-12

\$40 WASTY Dues

\$890 Grades 3-6

\$150 Pizza Fee Grades 7-12

Grades 9-12

By signing below I am agreeing to enroll my child, \_\_\_\_\_, in Congregation Beth El of the Sudbury River Valley Religious School for the academic year 2007-2008. I further agree to pay all assessed school fees as indicated above.

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date