

**Congregation Beth David Hebrew School
Registration Forms 2015-2016**

STUDENT INFORMATION

Name_____

Date of Birth_____

Hebrew name_____

Public School Gr. (as of 9/1)_____

If registering more than one child

Name_____

Date of Birth_____

Hebrew name_____

Public School Gr. (as of 9/1)_____

If registering more than two children

Name_____

Date of Birth_____

Hebrew name_____

Public School Gr. (as of 9/1)_____

PARENT INFORMATION

Mother_____

Father_____

Address_____

Address (if different)_____

Home Phone _____

Home Phone_____

Work Phone_____

Work Phone_____

Cell Phone_____

Cell Phone_____

E-Mail_____

E-mail_____

NAMES OF THOSE AUTHORIZED TO PICK UP STUDENTS, OTHER THAN PARENTS

Name_____Relation_____Phone_____

Name_____Relation_____Phone_____

PHOTOGRAPHS

- I hereby grant permission for my child's (children's) photographs to be taken and used in school publicity.

Signature of parent or guardian_____

IN CASE OF EMERGENCY NOTIFY

Name_____Relation_____Phone_____

Name_____Relation_____Phone_____

Family
Physician_____Phone_____

I hereby grant permission for Congregation Beth David Hebrew School to call our family physician in the event of an emergency if I cannot be reached. If my family physician cannot be contacted, the school may call another physician, or take my child to the South County Hospital emergency room.

Signature of Parent or Guardian_____

ABOUT YOUR CHILD

The following information is solely for the purpose of helping us better serve your child and keep your child safe during school. This information will be held in the strictest confidence and is for school use only.

Child's

Name: _____

Does your child have an IEP and/or Individualized Health Care Plan at his/her public school?

- IEP only
- IHCP only
- Both

Special Health Care Needs, to include allergies, asthma, physical, developmental/cognitive, and emotional health needs (include separate sheet if necessary) or attach IEP or IHCP.

TUITION RATES

Grades K-3 \$100/child (synagogue membership not required)
Grades 4-7 - \$350/child for members of Congregation Beth David*

*Synagogue membership is a requirement for Hebrew School registration, Grades 4-7. Tuition for members of other synagogues, available upon request.

Student Name _____ Grade _____ \$ _____

Student Name _____ Grade _____ \$ _____

Student Name _____ Grade _____ \$ _____

Total \$ _____

Parent/Guardian _____

Address: _____

Make checks payable to: Congregation Beth David

If paying by credit card, there will be a 3% charge.

Mastercard Visa American Express Discover

Name on Card _____

Card Number _____

Expiration Date _____

Security Number _____

Amount _____

Signature of Card holder _____

Mail to:

Congregation Beth David
P.O. Box 3299
Narragansett, RI 02882-0798

I (we) understand that registration is not complete until the treasurer has certified that all financial requirements have been met or payment schedules have been arranged.

Signature of parent or guardian _____