



Religious School Registration Form, 2009 - 2010

We are thrilled that your child(ren) will be joining us for another year of fun and learning. Please note that the form must be filled out once for each student enrolled. If you have any questions about using this form, don't hesitate to contact Tess at tess@bethahabah.org or 804.358.6757.

Student Information:

Last Name: _____ First Name: _____

Gender: ___ Birthdate: ___/___/___ Age: _____

Address: _____

Hebrew Name: _____ Grade level at Beth Ahabah this fall: _____

Grade in secular/day school: _____ Name of school: _____

Does this student have an IEP (Individual Educational Plan)? _____

If yes, we ask that you send us a copy or attach a letter specifying any accommodations that we need to make in order to serve this student effectively. Please detail any physical, emotional or learning needs:

Parent/Guardian Information:

1. Parent's Name: _____

E-mail Address: _____

Telephone Numbers - Home: _____ Work: _____ Pager/Cell: _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

2. Parent's Name: _____

E-mail Address: _____

Telephone Numbers - Home: _____ Work: _____ Pager/Cell: _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

Medical Information:

Physician's Name / Name of Practice: _____ Telephone Number: _____

Insurance company: _____ Plan/Group#: _____ Policy #: _____

Known Medical or Food Allergies: _____

If your child will be taking medication to be given by the school, please include written instructions from the doctor and provide the medication in original container.

Emergency Contact and Release Information:

Alternate Emergency Contact Information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

1. Name: _____ Relationship to child: _____

Telephone Number(s): _____

2. Name: _____ Relationship to child: _____

Telephone Number(s): _____

Release Information:

- In the event of a medical emergency involving my child, I hereby authorize Congregation Beth Ahabah to take necessary measures to have my child treated. It is understood that this will be done only after all reasonable efforts have been made to contact my physician and parent/legal guardian.

Signature: _____ Date: _____

- My son/daughter **may** **may not** take: **Tylenol** **Advil** while at Congregation Beth Ahabah.

Signature: _____ Date: _____

- I give permission for my family's name, address, telephone and email address to be included in a Student Directory.

Signature: _____ Date: _____

- I give permission for a picture of my child to be used in the following manner: Beth Ahabah's webpage, local newspapers, Beth Ahabah's Bulletin.

Signature: _____ Date: _____

Payment:

Class Costs

- **Preschool (3s and 4s)**
First Steps Into Judaism -- \$150
- **K - 10th grades**
Religious School -- \$325 first child
-- \$275 each additional child
- **3rd - 7th grades**
Midweek Hebrew -- \$300 each child

Discounts / Late Fees

- **Early Bird Discount:** July 15th
Register and make payment arrangements by July 15th, save \$25 on total cost.
- **Regular Registration:** July 16th - August 14th
Register and make payment arrangements between these dates, pay full tuition.
- **Late Registration:** August 15th - September 13th
Register and make payment arrangements between these dates, pay \$25 late fee.

Note: Discount and late fee applied to your entire tuition for all children registered, not to each child separately.

Class Options

First Steps Into Judaism (\$150)

Religious School (\$325, or \$275 for add'l child)

Midweek Hebrew (\$300)

Total for this student: \$_____

I will be paying by:

Credit card ([online via Paypal](#), or fill out the [Credit Card Acceptance form](#))

Check (made payable to Congregation Beth Ahabah)

Automatic Bank Withdrawal

Please return this form to:
Congregation Beth Ahabah
1111 W. Franklin St.
Richmond, VA 23220