

**THE RELIGIOUS SCHOOL OF BETH EL CONGREGATION**

8101 Park Heights Avenue \* Baltimore \* Maryland \* 21208  
410/484-4543 \* fax: 410/580-2725 \* email: ashankman@bethelbalto.com \* website: www.bethelbalto.com

**EYAL BOR, Ph.D., DIRECTOR OF EDUCATION**

**2020 - 2021 \* 5781 REGISTRATION FORM for  
HEBREW SCHOOLS IN YOUR NEIGHBORHOOD**

This form is to be completed for all students enrolling in Beth El School sponsored programs.  
Applications can be downloaded at our website.

Please return this form to the School Office along with a non-refundable registration fee of \$36 per child

**STUDENT INFORMATION**

CHILD'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME HEBREW NAME GENDER B-DAY GRADE (AS OF SEPT. 2020) SECULAR SCHOOL

CHILD'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME HEBREW NAME GENDER B-DAY GRADE (AS OF SEPT. 2020) SECULAR SCHOOL

CHILD'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME HEBREW NAME GENDER B-DAY GRADE (AS OF SEPT. 2020) SECULAR SCHOOL

PARENT _____ Hebrew Name _____	PARENT _____ Hebrew Name _____
OCCUPATION _____	OCCUPATION _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
HOME # _____ WORK # _____	HOME # _____ WORK # _____
CELL # _____ TEXT _____ YES or NO _____	CELL # _____ TEXT _____ YES or NO _____
EMAIL _____	EMAIL _____

ARE YOU A **MEMBER** OF BETH EL CONGREGATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**RELIGION OF FAMILY MEMBERS: CIRCLE ONE**

MOTHER: JEWISH BY BIRTH CONVERSION (DATE \_\_\_\_\_) NON-JEWISH  
FATHER: JEWISH BY BIRTH CONVERSION (DATE \_\_\_\_\_) NON-JEWISH  
STUDENT: JEWISH BY BIRTH CONVERSION (DATE \_\_\_\_\_) NON-JEWISH

IN CASE OF **EMERGENCY**, CONTACT (NAME & PHONE, OTHER THAN PARENTS): \_\_\_\_\_

**PEDIATRICIAN'S** NAME & TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ IN CASE OF EMERGENCY, I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) THE MEMBERS OF BETH EL NEIGHBORHOOD SCHOOL STAFF **TO CALL MY PHYSICIAN OR TO TAKE MY CHILD TO THE HOSPITAL** TO RECEIVE ANY AND ALL APPROPRIATE EMERGENCY TREATMENT. PLEASE INITIAL

\_\_\_\_\_ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) MY CHILD TO PARTICIPATE IN NEIGHBORHOOD & BETH EL'S SCHOOL **FIELD TRIPS**. PLEASE INITIAL.

\_\_\_\_\_ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) FOR MY CHILD'S **PHOTO & NAME** TO BE USED FOR **PUBLICITY AND COMMUNICATION** BY BETH EL SCHOOL. PLEASE INITIAL.

**PLEASE COMPLETE QUESTIONS ON REVERSE SIDE OF REGISTRATION FORM**

**SPACE BELOW FOR OFFICE USE ONLY**

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

Please respond to the questions below. If they do not apply to your child, please write N/A in the spaces provided.  
Use a separate sheet if necessary. All information will remain confidential. Thank you.

ARE THERE **SPECIAL MEDICAL CONCERNS** (E.G. ALLERGIES, MEDICATIONS, VISUAL PROBLEMS, ETC.) AND/OR ANY LEARNING CONSIDERATIONS IN READING, WRITING, COMPREHENSION, ORGANIZATION, SPEECH/LANGUAGE, ATTENTION, MEMORY, ETC., OF WHICH THE SCHOOL SHOULD BE AWARE? WHAT SPECIAL SERVICES, IF ANY, DOES YOUR CHILD RECEIVE IN SECULAR SCHOOL OR PRIVATELY? PLEASE SUPPLY REPORTS AND TEST RESULTS,

CHILD'S NAME	MEDICAL CONCERNS / LEARNING DIFFERENCES
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HOW DID YOU HEAR ABOUT OUR PROGRAM (PLEASE INDICATE ALL THAT ARE APPLICABLE)?

- RADIO                                     MEMBER OF BETH EL CONGREGATION                                     FRIEND / WORD OF MOUTH  
 BALTIMORE JEWISH TIMES                                     ATTENDED BETH EL PRE-SCHOOL                                     FACEBOOK  
 WEBSITE OF BETH EL CONGREGATION                                     OTHER PLEASE SPECIFY \_\_\_\_\_

**TEXT MESSAGE, UPDATES & REMINDERS FROM BETH EL SCHOOLS**

\_\_\_\_\_ I HERBY AUTHORIZE (BY MY INITIALS PRIOR TO THIS STATEMENT) THAT MY FAMILY IS **WILLING TO RECEIVE TEXT MESSAGES FOR UPDATES & REMINDERS** FROM BETH EL SCHOOLS AND/OR FROM MY CHILDREN'S TEACHERS.

**NEIGHBORHOOD SCHOOL SITES**

Please circle your selection of one of the following:

<b>BALTIMORE COUNTY:</b>	▲ ROLAND PARK	<b>MONDAYS</b>	<b>3:45 – 5:30 pm</b>
	▲ HUNT VALLEY	<b>WEDNESDAYS</b>	<b>4:30 – 6:00 pm</b>
	▲ TOWSON	<b>WEDNESDAYS</b>	<b>4:30 – 6:00 pm</b>
<b>BALTIMORE CITY:</b>	▲ FEDERAL HILL	<b>THURSDAYS</b>	<b>4:00 – 5:15 pm</b>
<b>HOWARD COUNTY:</b>	▲ WAVERLY ELEMENTARY	<b>THURSDAYS</b>	<b>4:30 – 6:00 pm</b>

**MIDWEEK CLASSES MEET AT YOUR SELECTED LOCATION (SEE ABOVE) AT STATED DATE & TIME**

**SUNDAY PROGRAM at BETH EL SITE**

Please write each child's name next to one of the following:

<b>SUNDAY CLASSES FOR STUDENTS IN BET (2ND) – VAV (6TH) MEET AT THE BETH EL SITE, 9:30-11:30AM</b>			
<b>SUNDAY</b> at Beth El Site			
▲ <b>BET</b> (2nd Grade)	_____	▲ <b>GIMEL</b> (3rd Grade)	_____
▲ <b>HAY</b> (5th Grade)	_____	▲ <b>VAV</b> (6th Grade)	_____
▲ <b>DALET</b> (4th Grade) _____			
<b>CALL SCHOOL OFFICE, 410-484-4543 FOR MORE INFORMATION ON OUR PROGRAMS AT THESE SITES</b>			

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_