

Does student take any prescribed medication? Yes _____ No _____

If yes, please specify:

Does student have any allergies? Yes _____ No _____

If yes, please specify:

Does student have any existing medical conditions? Yes No

If yes, please explain:

Does student have any special difficulty with speech, vision, or hearing? Yes No

If yes, describe fully:

Does your child have special learning needs?

What else do we need to know in order to make your child's Religious School experience a positive one?

Please circle the following for permission and sign below.

YES NO My child has permission to participate in all class field trips during the 2019-2020 school year. I/we understand that I/we will be notified in advance of all trips. I/we will notify the school in writing if my child is unable to participate.

YES NO I authorize Congregation Beth El to use pictures of my child taken at school for any type of publicity and marketing that will appear in print, electronic media or on the Internet for the school.

In the event that I (we) cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I (we) authorize the Education Director of Congregation Beth El Religious School or authorized staff member to take my (our) child to:

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

or to the following hospital: _____

In addition, I hereby authorize the doctor of said hospital to perform any emergency medical procedure necessary for the health of my (our) child.

The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent(s) or guardian(s). We find that doctors and hospitals refuse to give treatment, regardless of how minor, unless they have authorization from the parent(s). As time can be essential in a medical emergency, this would assure your child of prompt professional attention.

Signature of Parent or Guardian _____ Date _____

**CONGREGATION BETH EL RELIGIOUS SCHOOL
2020-2021 SCHOOL YEAR
TUITION AND PAYMENT INFORMATION**

Tuition includes curriculum fees, books, school-wide programs, and enrichment projects.

Grades	Day	Time	** Fall Tuition	Spring Tuition
K-7 th	Sunday	9:00 am -12:00 am	\$118.00	TBD
8 th -12 th	Thursday	TBD	\$72	TBD

We are looking into having a high school program, students will meet once per month. For more information contact Michele Croft at the email below.

****There is a \$50.00 deposit per child due with registration.**

Financial assistance is available. For more information, contact: admin@betheltx.org.

For religious school information contact: ReligiousSchool@betheltx.org

Complete registration and payment forms and turn in with your payment to:

CBE Religious School 3900 Raoul Wallenberg Lane, Missouri City, TX 77459 or you can register on-line at:

<https://www.betheltx.org/re-family-registration-page.html>

Please remember your registration is not complete without your deposit.

Religious School registration forms and deposits should be received before classes begin on
Sunday, September 12, 2020.

Payment Form

Parent(s) Name(s): _____

Child/ren:

Name: _____ Grade: _____ Fee: _____

Name: _____ Grade: _____ Fee: _____

Name: _____ Grade: _____ Fee: _____

Select Payment Method

Payment Options: check or credit card

Total Registration Fee: _____

Total Deposit: _____

Remaining Balance: _____

Pay by credit card

Name on card: _____ Card Number: _____

Expiration date: _____ Security code: _____ Check box to pay optional 3% credit card fee

Amount: _____

Spring balance will need to be paid in full by date to be determined

For billing questions contact: egersin@betheltx.org.

For Office Use:

Date Received: _____ Payment: check or cc Amount: _____