

CONGREGATION BETH EL

Tichon Beth EL: Grade 9 Program

REGISTRATION FORM 2017-2018

109 East Avenue, Norwalk, CT 06851

phone: 203-838-2710

fax: 203-838-2659

Student Information

Student Name _____ Gender: M or F Date of Birth ___/___/___

Address _____
Street City State Zip

Student Email address _____ Cell Phone _____ Home Phone _____

Medical Information

Please inform us of any allergies and/or other medical conditions that may impact your son/daughter while participating in the programs:

___ My son/daughter requires a nut-free environment ___ My son/daughter is lactose intolerant

Medications (no medications can be administered in the program without a physician's written authorization):

General Learning Profile (please note that confidentiality will be respected at all times)

Please share any special learning needs or accommodations that are provided for your son/daughter in secular school and any additional pertinent information that will help us to ensure your son's/daughter's success in the program:

In case of an emergency when parents/guardians cannot be reached, we give our permission for you to contact the following individual(s):

Name: _____ **Phone #'s** _____

Name: _____ **Phone #'s** _____

Family Information:

Parent/Guardian 1

Last Name: _____ First Name: _____

Address (if different from student's street) _____ City, State, Zip _____

Phone numbers: Home: _____ Cell _____

Primary email address _____ Secondary email address _____

___ please check here if your cannot be reached by email

Parent/Guardian 2

Last Name: _____ First Name: _____

Address (if different from student's street) _____ City, State, Zip _____

Phone numbers: Home: _____ Cell _____

Primary email address _____ Secondary email address _____

___ please check here if you cannot be reached by email

Student lives with ___ Both Parents ___ Mother ___ Father ___ Other

Consent Form

___ I grant permission for my son/daughter to be included in evaluations, photos and /or videos connected with the Tichon Beth El Post Bar/Bat Mitzvah 8th Grade Program.

___ I grant permission for my son/daughter to travel on transportation provided by Congregation Beth El for trips associated with the Tichon Beth El Post Bar/Bat Mitzvah 8th Grade Program.

___ In case of a medical emergency, accident or health problem where immediate treatment is required, every effort will be made to expeditiously contact the parent(s)/guardian(s) of the student, or the emergency contact persons listed on this registration form. In the event that I cannot be reached, I hereby, give permission to the physician selected by the Rabbi and/or Director of Education of Congregation Beth El or their designee to hospitalize, secure proper and on-going treatment and to order injection, anesthesia or surgery for my son/daughter as named above. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Parent or Legal Guardian _____

Print name _____ Date: _____ Cell Phone # _____

Physician/Dentist Information

In case of an emergency which requires a call to a physician or dentist, please place your first call to:

Physician's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Health Insurance Company _____ Policy # _____

Tuition Information

Tuition for the program is \$ 300.00 (Must be paid in full by September 1, 2017)

Early Registration Discount of \$ 50.00 will be applied towards total tuition costs for any registration that arrives at Congregation Beth El by May 1, 2017 with a minimum deposit of \$ 50.00 (balance must be paid in full by September 1).