

Congregation Beth Ohr
2550 South Centre Street
Bellmore, New York 11710
www.cbohr.org
Fran Oosterom, Principal
principal@cbohr.org
516-781-3072 (Office)



Registration Application 2019-2020 (5780)

PLEASE PRINT CLEARLY THANK YOU

Student Name _____ Hebrew Name _____
FIRST LAST

Home Address _____
STREET CITY ZIP

HOME Phone # (____)____-____ (not cell phone numbers)

Date of Birth ____/____/20__ Male Female Age ____

Public School Grade in September 2019? _____ School _____

List any previously attended Hebrew schools: _____

Siblings (Names & Dates of Birth): _____

Mother's Name _____

Mother's Cell Phone # (____)____-____ Mother's Work Phone # (____)____-____

Mother's E-mail Address: _____

Father's Name _____

Father's Cell Phone # (____)____-____ Father's Work Phone # (____)____-____

Father's E-mail Address: _____

Who should be contacted (**relationship**) on what **phone number** in case of an emergency during Hebrew school hours? _____ (____)____-____

Are you a member of this synagogue? Yes No If No, would you like information about membership? Yes No

PARENT(S) SIGNATURE: _____ DATE: _____

ALL INFORMATION MUST BE COMPLETED AND IS STRICTLY CONFIDENTIAL

Deposit information for OFFICE USE ONLY:

Date Registered: ____/____/20__ Hey Class of 20 ____ Grade Assignment: _____

Other student(s) in family _____

Bkpr: _____ Main Office _____ Hebrew School _____ ShulCloud Info

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Congregation
Beth Ohr
 Herbert L. Jacobson
 Hebrew School

Carpool and Early Pick-Up Information Form

Student Name _____
FIRST LAST CLASS / GRADE

Carpool Information is for Regular Dismissal Time ONLY.

If the office personnel do not recognize the person picking up the child, the person may be asked to provide identification to verify.

Please use ONE form for your ENTIRE CARPOOL.

My child/ren Are Are Not in any carpool

Names of **children** in your carpool, Contact #, Class in September 2019:

Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____

If another child in your household is part of **another carpool**, please list all those names below:

Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____
Name _____	Contact # (____) _____	-	Class _____

Please list ALL drivers in your carpool:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

PROCEDURES FOR EARLY PICK-UP:

Parents must come into the Hebrew School Office to sign out all students for early pick-up. If the office personnel do not recognize the person picking up the child, the person may be asked to provide identification to verify. Please list the names of ALL persons permitted to pick up your child as an **EARLY PICK-UP**.

Yes No **CHECK HERE IF STUDENT CAN BE RELEASED TO ALL DRIVERS IN MY CARPOOL**

Please list who can pick up your child **EARLY**. *This includes babysitters, grandparents, aunts, uncles, older siblings.* If their name is not listed below, you will be contacted by the office before your child will be released.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Please return this with your registration form. Thank you for your cooperation.

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CONGREGATION BETH OHR

Emergency Contact Form 2019-2020 (5780)

PLEASE PRINT CLEARLY THANK YOU

Student Name _____ Class / Grade _____
FIRST LAST

Home Address _____
STREET CITY ZIP

HOME Phone # (____) _____ - _____ Preferred E-mail _____

Parents Name(s) _____

In case of emergency, please call: _____

At phone number (____) _____ - _____ Relationship to child _____

Allergies and/or other medical concerns: _____

If your child has a **FARE (Food Allergy Research and Education) Emergency Care Form**, please enclose a copy for the Hebrew School Office Emergency Binder.

Medications taken by your child: _____

List any special modifications that your child requires: _____

Has your child had any serious illness, injury, surgery or communicable disease in the past year?
 Yes No If yes: _____

Full Name of child's doctor: _____

Doctor's telephone number: (____) _____ - _____

Is your child currently or has your child in the past received any special services in public school?
 Yes No If your answer is yes, please specify: _____

If there is **anything** else you feel we should know to help your child in Hebrew School, please explain below or on a separate sheet and attach it to this Registration Form.

This confidential information will enable us to meet your child's needs.

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Photo Release Form

Congregation Beth Ohr has my permission to use my or my child's photograph. I understand that the images may be used in print publications, online publications, presentations, websites, and social media only published on Congregation Beth Ohr materials and accounts. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Parent/Guardian's signature:

_____ Date _____