

**BETH TIKVAH RELIGIOUS SCHOOL
2019-2020 STUDENT RESERVATION AND DEPOSIT FORM**

**(For Returning Students – This is the enrollment
form if there are no changes from last year)**

Parent/Guardian Name(s):

Day Phone:

Email:

Student name(s) and grade(s) in September:

Optional additional day of Hebrew Instruction

Monday for 1 hour, exact times TBD, will depend on the enrollment. Open to grades 3 and up. This Hebrew class is not a substitute for our regular Sunday/Wednesday schedule; it is a supplemental program.

If you are interested, please check the time(s) that will work for you. This information will help us to determine the time(s) of the program.

(Note - This program is also open to adults, there will be a separate form for adults)

Hebrew instruction – Monday 5 – 6 PM

Hebrew instruction – Monday 6 – 7 PM

Deposit required:

\$200 x _____ students registered = \$ _____
of returning student(s) _____ # of new student(s) _____

- Please make check payable to Beth Tikvah Synagogue
- Mail to the following address:

Beth Tikvah Synagogue
PO Box 1042
Westborough, MA 01581
ATTN: Religious School

BETH TIKVAH RELIGIOUS SCHOOL
2019-2020 STUDENT REGISTRATION
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Student's Name _____ Date of Birth _____

Hebrew Name _____ Entering Public School Grade _____

Parent's /Guardian's Names:

Parent 1: _____

Parent 2:

Parent 1

Address:

Street City Zip Phone

Business

Address: _____

Street City Zip Phone

Parent 1 cell phone/pager#: _____

Parent 1 E-mail address: _____

Parent 2

Address::

Street City Zip Phone

Business

Address: _____

Street City Zip Phone

Parent 2 Cell phone/pager # _____

Parent 2 E-mail address: _____

Preferred contact: email _____ Phone _____

<p><u>Name of Student:</u></p> <p>_____</p> <p><u>Grade:</u> _____</p>
--

BETH TIKVAH RELIGIOUS SCHOOL

MEDICAL INFORMATION
2019 – 2020 SCHOOL YEAR

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked in writing by a parent or guardian:

If injury or illness is minor, give child first aid? YES _____ NO _____

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist to be contacted? YES _____ NO _____

Physician: _____

	Name	Address	Phone #
Dentist:	_____		

	Name	Address	Phone #
--	------	---------	---------

Call an ambulance: YES _____ NO _____

Preferred Hospital _____

If you cannot be reached in case of an emergency, person(s) to be notified:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

BETH TIKVAH RELIGIOUS SCHOOL

MEDICAL INFORMATION
2019 – 2020 SCHOOL YEAR

Name of Student:

Grade: _____

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my physician. I understand that I am responsible for any related expenses.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

BETH TIKVAH RELIGIOUS SCHOOL

**STUDENT ACADEMIC PROFILE (if applicable
FOR NEW STUDENTS OR FILL ANY CHANGES FROM
LAST YEAR.
2019 – 2020 SCHOOL YEAR**

<p><u>Name of Student:</u></p> <p>_____</p> <p>_____</p> <p><u>Grade:</u> _____</p>

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

Has your child's learning style and needs been formally evaluated? YES NO

Does your Child have an IEP or 529? YES NO

- If yes, please provide a copy to the Religious School Coordinator.

Please provide specific information that will assist the teachers in affording your child every opportunity for success in his/her studies:

Describe any characteristics of your child's learning style, behavior, and/or social interaction that you would like to share with his/her teachers.

Describe your child's strengths

Describe areas in which your child may need extra support

BETH TIKVAH RELIGIOUS SCHOOL

STUDENT SPECIAL NEEDS PLAN (if applicable)
FOR NEW STUDENTS OR FILL ANY CHANGES FROM
LAST YEAR.
2019 – 2020 SCHOOL YEAR

<p><u>Name of Student:</u></p> <p>_____</p> <p>_____</p> <p><u>Grade:</u> _____</p>

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

(Please fill out the first part of this form and then meet with the Education Coordinator)

Name of Student: _____

Names of Parents/Guardians:

My child, named above, has the following special medical, educational, emotional, social, or behavioral needs that may limit his or her ability to fully participate in activities at Beth Tikvah Religious School, or that may require special precautions or accommodations:

I authorize the following health care professionals, schools or service providers to provide records and/or discuss the matters listed above with the Education Coordinator, Cindy Avergon:

Name (Print): _____ Name (Sign): _____

Date: _____

(The remainder of this form is to be filled out by the Director and approved by the parent)

After reviewing the above information, we agree that the School will use reasonable efforts to implement the following special needs plan:

Parent/Guardian (Sign):

Date:

ALLERGY ALERT

For new students or fill in any changes from last year.
2019 – 2020 School Year

This information will be shared with your child's teachers.

Please complete this form if your child is allergic to any particular foods, insect bites, drugs etc.:

Name of child _____

Grade _____

Allergy _____

Please provide any information that could be useful in preventing your child from exposure:

Please provide any vital information that could be useful should your child accidentally eat food, get an insect bite, etc to which he/she is allergic:

BETH TIKVAH RELIGIOUS SCHOOL

PHOTO RELEASE FORM

I, _____

Parent/Guardian Name

give / do not give permission to Beth Tikvah to print any photos of my child/children

Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

give / do not give permission to Beth Tikvah to print the names of my child/children

Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

Parent's/ Guardian's signature _____

Date _____

BETH TIKVAH TUITION RATES 2019 – 2020 School Year

Gan (Pre-K, K) –	- Meets Sun. Morn. 9 AM – 10:30 AM	\$ 400
Breisheet (Grades 1/2)	- Meets Sun. Morn. 9AM – Noon	\$ 850
Shmot (Grades 3/4)	- Meets Sun. Morn. 9AM – Noon, Wed. Aft. 4 – 6 PM	\$1300
Vayikra (Grade 5)	- Meets Sun. Morn. 9AM – Noon, Wed. Aft. 4 – 6 PM	\$1300
BaMidbar (Grades 6/7)	- Meets Sun. Morn. 9AM – Noon, Wed. Aft. 4 – 6PM	\$1300
Dvarim (Grade 8)	- TBD	\$TBD
Grade 9 and up	- TBD	\$TBD

Non-member surcharge grades 1/2:	\$450
Non-member surcharge grades 3-5:	\$600
Non-member surcharge grade 8 and up:	\$100

Note: membership is required to enroll students in grades 6 and 7.