

TEMPLE BETH-EL RELIGIOUS SCHOOL 2011-2012

Date completed: _____

Welcome to Temple Beth-El's Religious School. We are delighted you have chosen to enrich your child's Jewish education and development at our school. Please contact Rabbi Ira Flax (iflax@templebeth-el.net) or your child's teacher whenever we can assist you. All information in this application will be treated confidentially.

Student Information

Please complete a separate Registration Form for each student each year.

Student Name	
Student's Hebrew Name	
Date of Birth (Month Day Year)	
Student Primary Street Address	
City, State, Zip	
Phone	
Grade as of August 2011	
School District	<input type="checkbox"/> Mt Brook <input type="checkbox"/> Vestavia <input type="checkbox"/> Other:
Secular School Name	
Congregational Affiliation	<input type="checkbox"/> Temple Beth-El <input type="checkbox"/> Other

Parent / Guardian Information

Complete information for parents / guardians who should receive student information or should be contacted in case of emergency

	ADULT 1	ADULT 2
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other_____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other_____
First Name, Last Name		
Hebrew Name		
Jewish	<input type="checkbox"/> Yes <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> Other:
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Home Phone		
Occupation & Work Phone		
Cell Phone	<input type="checkbox"/> I can receive text messages.	<input type="checkbox"/> I can receive text messages.
Address (if different than student's listed above)		
<i>School and teacher communication is primarily via e-mail. Please alert the office of any changes to e-mail address or phone numbers</i>		
E-mail		

Emergency Contact Information

Contacts	Name / Relationship to Student	Phone
Emergency Contact 1 (not parents)		
Emergency Contact 2 (not parents)		
Doctor		
Dentist		
Medical Insurance Company		
	Group ID:	Plan:

The Religious School cannot be responsible for administering any medications to any student. Please do not send medications with your child to school, either prescription or over the counter types. Please administer your child's medication(s) at home, before your child comes to school.

It is vital that we know the names of all medications your child is taking in case of an emergency. We also need to know about your child's allergies, especially to foods and medications. In the event of an emergency, we will need to tell a doctor or emergency medical technician about your child's medical history if we cannot reach you.

We know that a student sometimes needs a medication change or suspension for evaluation purposes. We request that you notify the Educator when your child is suspending or modifying medication, especially if we may see behavioral changes, positive or negative, in your child. All information will be held in strictest confidence.

Is your child taking any medication on a regular basis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list):
Does your child have any allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list):
Are these allergies life threatening?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please provide emergency instructions):

In case of injury or illness while your child is at school, we will make every effort to contact the parents/guardians or emergency contacts. The following instructions will remain in force unless revoked by the parent/guardian in writing:

- If the injury is minor, the child will be given first aid.
- If the illness or injury is serious and the parent or emergency contacts cannot be reached, the school will contact the primary care doctor or dentist.
- In case of a medical emergency, the school will obtain emergency medical treatment for my child.
- I agree to these procedures and I understand that every effort will be made to contact me immediately.

Parent Signature		Date
Parent Name Printed		

Carpool Information

In addition to the parents / guardians listed above, the following adults have permission to transport my child:

Name	Relationship to Child	Phone

Educational Information

All information provided will be held in confidence. It is imperative that we know your child's strengths and difficulties so that we can provide a high quality, educational experience that meets your child's needs. Information will be shared with appropriate staff/faculty members as necessary.

Please check all that apply:

- Child has an IEP or GIEP – Please send a copy of your child's IEP/GIEP with this registration form
- Wears glasses Wears contact lenses
- Color blindness Has difficulty with visual perception
- Reads below grade level Has difficulty copying from the board
- Dyslexia Has difficulty understanding written instructions
- Has difficulty hearing Has difficulty understanding spoken instructions
- Short attention span Over-active Easily upset
- Has difficulty interacting with peers Has difficulty interacting with adults
- Other (please explain):

Student Information Release

<input type="checkbox"/> Yes <input type="checkbox"/> No	My child's name may appear in the congregational newsletter, website or other printed or electronic synagogue materials
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child's picture (without the child's name) may appear in the congregational newsletter, website or other printed or electronic synagogue materials

Other Siblings

Name	Date of Birth (M/D/Y)	Grade

Hebrew Registration

Students who plan to celebrate a Bar or Bat Mitzvah service need to enroll at Temple Beth-El in the third grade. Students who desire to be confirmed must attend Hebrew High from 7th -10th grade

<input type="checkbox"/> Yes <input type="checkbox"/> No	My child will be in Hebrew class
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Tuition Fees

Tuition is \$450 per student for Pre-K-Grade 2 Religious School, \$600 for Grades 3-6, Day School Trope \$100 and \$350 per student for Hebrew High School (tuition includes membership in youth group). Tuition is due by the first day of classes. Please contact Rabbi Flax, Rabbi Goldsmith, or the office if you need to discuss payment plans or scholarship. Make checks payable to Temple Beth-El Religious School.

\$_____ enclosed for Religious School	\$_____ enclosed for Hebrew High School
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Our Community Covenant

We are proud of the excellent educational environment we provide for our students. This Community Covenant supports the right of each student to learn in an appropriate, safe environment. Further, it offers students the opportunity to participate in the management of their own behavior. Since your child deserves the most positive educational climate possible for academic and spiritual growth, this plan will be in effect at all times.

The student will...

1. Enter class on time, prepared to work. Students are to enter and exit the classroom in a respectful, orderly way.
2. Bring necessary books and materials, pens and pencils to class.
3. Follow directions the first time they are given.
4. Listen respectfully when others speak with only one person speaking at a time.
5. Complete assignments in a timely fashion.
6. Follow synagogue rules and policies outlined in the school handbook.
7. Respect the classroom environment, its furnishings, equipment and work done by other students.

The student will not...

8. Treat fellow students, teachers or synagogue staff members disrespectfully.
9. Bring personal electronic equipment or sports equipment to class. Items brought to class will be removed by the teacher and returned to the parent of the student at the end of the day.
10. Do outside work during classes.
11. Use profane or disrespectful language.

By our signatures below, we agree to abide by this covenant.

Student's signature _____

Date _____

Parent's signature _____

Date _____

If you have questions or concerns about the Religious School, Hebrew High School or your child's education, please contact:

Rabbi Ira Flax 205-933-2740 iflax@templebeth-el.net

Please return to:

Temple Beth-El, 2179 Highland Avenue, PO Box 550220, Birmingham, Alabama 35255

Fax: 205-933-2747

Email: www.templebeth-el.net

Complete tuition payment should accompany this form before school starts August 28, 2011