



**Beth El Synagogue  
Shorashim Registration Form  
2009-2010 / 5770**



**Student's Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
House # Street City Zip

**Home Phone:** \_\_\_\_\_ **Parent's cell phone:** \_\_\_\_\_

**Hebrew Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  **Member**  **Non-member**

**Father's Name:** \_\_\_\_\_ **Father's Hebrew Name:** \_\_\_\_\_

**\*Father's Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Hebrew Name:** \_\_\_\_\_

**\*Mother's Email:** \_\_\_\_\_

*\*Most of our communication throughout the year is sent out via email (updates, newsletters, changes, etc.)*

**Name of School Your Child Attends:** \_\_\_\_\_  
**Grade (fall)** \_\_\_\_\_

**Does your child have any special emotional, physical, educational, or dietary needs that we should know about?**

**Yes**  **No** **If yes, please explain.** \_\_\_\_\_

**Friend or relative to contact if parents cannot be reached (please provide two).**

**Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to take walks on occasion.

**Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I am willing to assist in recruitment.

I am willing to volunteer in class.

**Please return by August 1 in the enclosed envelope with a check made out to Beth El Synagogue.**

**Tuition:** \$475 per student for members **\$100 due upon registration. Balance due by**  
\$525 per student for non-members **Sept. 15.**

**Total enclosed** \_\_\_\_\_

**For office use only:** **Check amount** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date received** \_\_\_\_\_