



**Beth El Synagogue
Shorashim Registration Form
2011-2012/5772**



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 (\$25 with the registration form and the 9 payments of \$50)
\$525 per student for non-members (\$30 with the registration form and 9 payments of \$55)
Total enclosed _____

For office use only: **Check amount** _____ **Check #** _____ **Date received** _____