



Registration Contract 2017-2018 PRE-K through 7th GRADE

All information on BOTH SIDES of this form MUST BE COMPLETED IN FULL and submitted with the PARENT AGREEMENT/ STUDENT BRIT KAVOD by August 1, 2017. Please print clearly.

Parent 1	Parent 2
Name: _____	Name: _____
Home Address: _____ _____	Home Address: _____ _____
<i>*Please indicate which is the child's main address</i>	<i>*Please indicate which is the child's main address</i>
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____
<i>*Email is the primary means of communication for updates and notices. PLEASE PRINT CLEARLY.</i>	<i>*Email is the primary means of communication for updates and notices. PLEASE PRINT CLEARLY.</i>
Occupation: _____	Occupation: _____
Is Parent 1 Jewish, according to the Conservative movement? (Born to a Jewish mother/converted) YES/NO (circle one)	Is Parent 2 Jewish, according to the Conservative movement? (Born to a Jewish mother/converted) YES/NO (circle one)

- Do you wish for mail/electronic communications to go to both parents? **YES/NO (circle one)**.
If no, please specify who to send communication to whom: _____

Child 1	Child 2	Child 3
Name: _____	Name: _____	Name: _____
Circle: Male/Female	Circle: Male/Female	Circle: Male/Female
Hebrew Name: _____	Hebrew Name: _____	Hebrew Name: _____
D.O.B. _____	D.O.B. _____	D.O.B. _____
Hebrew Birthdate: _____	Hebrew Birthdate: _____	Hebrew Birthdate: _____
School Attending: _____	School Attending: _____	School Attending: _____
Grade in 2017-'18: _____	Grade in 2017-'18: _____	Grade in 2017-'18: _____
Talmud Torah Grade (if different from secular school): _____	Talmud Torah Grade (if different from secular school): _____	Talmud Torah Grade (if different from secular school): _____
Previous years in Beth El TT: _____	Previous years in Beth El TT: _____	Previous years in Beth El TT: _____
Other religious/day schools attended (& for how long): _____ _____	Other religious/day schools attended (& for how long): _____ _____	Other religious/day schools attended (& for how long): _____ _____

**If you have more than 3 children attending Beth El Talmud Torah simultaneously, please use an additional copy of PAGE 1 to complete your registration forms.*

Please list other children living at home:

Name: _____	D.O.B. _____	Grade: _____
Name: _____	D.O.B. _____	Grade: _____
Name: _____	D.O.B. _____	Grade: _____

PARENT AGREEMENT

- I will exhibit a positive attitude towards my child's Jewish education so that I may positively influence his/her learning.
- I/we take pride in my child's Jewish education and will check on his/her progress throughout the year.
- I will make an effort to attend/send my child to Family Services & programs (class services/dinners, Jr. Jr. Congregation/ Junior Congregation)
- I will make sure my child arrives at school on time and with the proper materials.
- I understand that early dismissal, late arrival and/or repeated absences are a disruption to my child's Jewish education.
- I have read and understand the student *Brit Kavod* (Behavior Contract). I have discussed this policy with my child(ren).
- I will read the Parent Handbook, the Shavuon L'Mishpachot (family newsletter) and other communications from Beth El.
- I will take responsibility to meet school tuition payments for my child(ren) and, if I have financial difficulties in doing so, will contact the synagogue Executive Director or Financial Secretary to work out a payment arrangement.

• **I DO/DO NOT (circle one) give my child permission to leave school on his or her own.**

_____ I give Beth El Synagogue permission to have my child treated in an emergency. I understand that due diligence will occur
(initial here) in trying to contact the parent(s) during this process.

_____ I agree to withdraw my child(ren) if the school deems such withdrawal to be in the best interest of the child(ren). In that
(initial here) instance, I would be entitled to a pro-rated refund of the tuition.

_____ I give permission for the above address, phone number and e-mail address to be used for school-parent communication,
(initial here) including the Talmud Torah student directory. I hereby authorizes Beth El Synagogue to use the child(ren)'s portrait(s) or likeness(es) in any print or electronic/online publication related to the school (brochures, flyers, newsletters, website, etc).

 Parent/Guardian Signature

 Parent/Guardian Name (please print)

 Date

Check here if you may need some assistance coordinating a carpool. We will contact you in August with names of families who live near you/attend the same school.



BRIT KAVOD (STUDENT BEHAVIOR AGREEMENT)

I/We understand that every teacher has the right to teach and that every student has the right to learn. I/We agree that no one has the right to violate this rule.

I/We understand that every student helps create a positive school environment and agrees to take responsibility for the following behavior:

- ☆ To be in class on time
- ☆ To be courteous and respectful to other students and teachers, even if we don't always agree
- ☆ To always use appropriate language
- ☆ To respect school property
- ☆ To serve as a positive *dugma* (role model), in the school by demonstrating good behavior
- ☆ To be prepared for and participate in class
- ☆ To attend Talmud Torah programs
- ☆ To leave cell phones turned off and to leave all electronics (video games, iPods, etc.) at home or turned off in my backpack, unless specifically given permission by a teacher or the Education Director.

PLEASE HAVE YOUR CHILD(REN) SIGN OR PRINT HIS/HER NAME BELOW:

Child 1 Name: _____ Date: _____

Child 2 Name: _____ Date: _____

Child 3 Name: _____ Date: _____

CONFIDENTIAL HEALTH/PERSONAL INFORMATION

In our effort to create a safe, effective and positive learning environment for our students and classes, please complete the following questions. This information will be kept confidential yet will be shared with the teachers. A new form is required each year for every student.

Insurance Information:

Policy Holder: _____
Insurance Company: _____

Company: _____
Policy # _____

Physician Information:

Name of physician: _____
Address of physician: _____

Physician's phone #: _____

Emergency Contact (other than parents):

Name: _____
Home Phone: _____

Relationship: _____
Cell Phone: _____

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. If and when the need for medical attention arises during my child's official participation in Beth El's Talmud Torah, I hereby grant permission for my child to be transported by private vehicle or ambulance to an appropriate medical facility and to be treated by qualified medical authorities at their discretion and that of the director/faculty of the school.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Child 1

Please contact the Education & Youth Director to discuss your child's needs in more detail

Name: _____

Please list any prescription medicines your child takes: _____

**Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: _____

Medical issues? **YES/NO** please specify: _____

Learning challenges? **YES/NO** please specify: _____

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? _____

Child 2

Please contact the Education & Youth Director to discuss your child's needs in more detail

Name: _____

Please list any prescription medicines your child takes: _____

**Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: _____

Medical issues? **YES/NO** please specify: _____

Learning challenges? **YES/NO** please specify: _____

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? _____

Child 3

Please contact the Education & Youth Director to discuss your child's needs in more detail

Name: _____

Please list any prescription medicines your child takes: _____

**Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: _____

Medical issues? **YES/NO** please specify: _____

Learning challenges? **YES/NO** please specify: _____

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? _____

PARENT VOLUNTEER INTERESTS

Judaism has long valued the *mitzvot* of both Talmud Torah (learning of Torah) and *g'milut chasadim* (acts of loving kindness). By volunteering for the Talmud Torah, you perform more than one mitzvah at a time! Who could ask for more? Other benefits include: helping our school fulfill its vital mission of bringing Jewish education to the next generation, making the world a better place, being involved in your community, making new friends, feeling good about yourself, being a role model for your children (and others too)...the list goes on. Throughout the year we have many activities that need additional support from parents. Every volunteer contribution, no matter how small, adds up to a huge impact for our students, staff, and community.

Below you will find a list of volunteer opportunities—**each family is expected to sign up for at least three.**

Please check any and all areas you might be interested in helping out with/being a part of. (Please specify which parent is interested in which task). This is not a formal commitment (dates TBD), but someone from the Talmud Torah may contact you during the year to ask for help in the following areas:

- Class Parent
- Purim Carnival
- Passover Candy Sale
- Special programming (set up/clean up)
- Other fundraisers
- Cooking for Class Shabbat Dinner(s)
- Substitute teaching (lesson plans provided)
- Summer cleaning/organizing
- Work Day (playground and school building)
- Yom Beth El
- Fundraising Brunch (shopping, cooking, etc.)
- Photographing special events or students in action
- Youth Group Field Trip driver/chaperone
- Leading High Holiday Children's services/activities/babysitting

Do you have any special skills/talents that you would be willing to share with our students (in small or large groups):

- Music
- Art
- Singing
- Cooking
- Drama
- Storytelling
- Dancing
- Photography
- Other

Are there any other ways you would like to be involved in our school community? Please list those here:
