

**BETH SHALOM RELIGIOUS SCHOOL 2010-2011 REGISTRATION FORM**

**FAMILY NAME** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Father's Work/Cell Phone** \_\_\_\_\_ **Mother's Work/Cell Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

(Street)

(City)

(Zip)

**Home Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*In Case of Emergency Contact: (Other than Parent)*

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child #1 Registering for (please circle all that apply)**

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

**Secular School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **M / F** **Birth Date** \_\_\_\_\_

**Special Needs (learning, allergies, special diet, etc.):** \_\_\_\_\_

**Child #2 Registering for (please circle all that apply)**

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

**Secular School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **M / F** **Birth Date** \_\_\_\_\_

**Special Needs (learning, allergies, special diet, etc.):** \_\_\_\_\_

**Child #3 Registering for (please circle all that apply)**

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

**Secular School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **M / F** **Birth Date** \_\_\_\_\_

**Special Needs (learning, allergies, special diet, etc.):** \_\_\_\_\_

*Please return this form with your registration fee to the synagogue by June 15th.*

<b>Registration Fee k-7</b>	<b>School Tuition</b>	
<b>One child- \$100</b>	<b>Grades K-7</b>	<b>\$450</b>
<b>Multiple children in one family - \$150</b>	<b>Grade 8</b>	<b>\$100</b>
_____ <b>Total Registration Fees Enclosed</b>		