



CONGREGATION
BETH AHABAH

**The Barbara and William B.Thalhimer Jr.
Religious School/Midrasha Registration Form 2013-2014**

We are thrilled that your child(ren) will be joining us for another year of fun and learning. Please note that the form must be filled out once for each student enrolled. If you have more than one student to enroll, you may write "same" for information that is the same on subsequent forms filled out. If you have any questions about using this form, don't hesitate to contact Lori at l.lacy@bethahabah.org or 804-358-6757. If you have questions about Religious School please contact our Education Director, Ramona Brand at r.brand@bethahabah.org.

Student Information

Last Name _____ First Name _____ *(please use legal name)*

Nickname _____

Gender ____ Birthdate ____/____/____ Age ____

Address _____

Grade level at Beth Ahabah this fall ____

Grade in secular/day school ____ *(if different)*

Name of school _____

Does this student have an IEP (Individual Educational Plan)? _____

If yes, we ask that you send us a copy or attach a letter specifying any accommodations that we need to make in order to serve this student effectively. Please detail any physical, emotional or learning needs:

Family Information

Are you a new or returning family to Religious School this year? _____

What Jewish activities does your child participate in outside of Congregation Beth Ahabah?

Check all that apply.

Camp *(please indicate name in notes below)*

Maccabi Games

BBYO

Other *(please list in notes below)*

Notes _____

Parent/Guardian Information

Parent's Name _____

E-mail Address _____

Telephone Numbers: Home _____ Cell/Emergency _____ (required)

Address (if different from above) _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

Parent's Name _____

E-mail Address _____

Telephone Numbers (if different from Parent 1):

Home _____ Cell/Emergency _____ (required)

Address (if different from above) _____

Does student reside at this address 50% or more of the time? _____

Names of step-parents, grandparents, or additional guardians, if any in the household:

Medical Information

Physician's Name / Name of Practice _____

Telephone Number _____

Insurance company _____ Plan/Group# _____ Policy # _____

Known Medical or Food Allergies _____

_____ Does child come to school with an epipen? _____

If so, does child know how to administer epipen? _____

Emergency Contact and Release Information

Alternate Emergency Contact Information

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

1. Name _____ Relationship to child _____

Telephone Number(s) _____

2. Name _____ Relationship to child _____

Telephone Number(s) _____

Release Information:

In the event of a medical emergency involving my child, I hereby authorize Congregation Beth Ahabah to take necessary measures to have my child treated. It is understood that this will be done only after all reasonable efforts have been made to contact my physician and parent/legal guardian.

Signature: _____ Date: _____

Photo Release:

To read the entire policy please go to <http://76.12.70.4/documents/photopolicy2011.pdf>

I give permission for pictures of my child(ren) to be used in the following manner: Beth Ahabah's webpage, Flickr, local newspapers, Beth Ahabah's Bulletin.

Even though I will NOT be identified by name, you may NOT publish my child's photograph in any large group photograph (more than 10 people in the photograph).

Even though I will NOT be identified by name, you may NOT publish my child's photograph in any individual or small group photograph (10 or fewer people in the photograph)

Signature: _____ Date: _____

Field Trip Release:

I give permission for my child to attend field trips with Congregation Beth Ahabah or youth groups.

I prefer to give my child permission on a case by case basis.

Signature: _____ Date: _____

Payment

Religious School fees are due on or before the first day of Religious School (September 8, 2013). No one is turned away from Congregation Beth Ahabah on the basis of demonstrated financial need so if you need special arrangements made, please contact Russell Finer, Executive Director, by July 31st at r.finer@bethahabah.org or 804-358-6757.

Class Costs

- **Preschool (3-4-year olds), First Steps Into Judaism** - \$150.00 class meets every other Sunday, temple membership is not required for your child to attend.
- **K-10th grades, Religious School** - \$375.00 first child, \$300 each additional child
- **3rd-6th grades, Midweek Hebrew** - \$150.00 each child, with Sunday School registration.

Registration Fees

- **Regular Registration:** May 1st-July 31st. Register and make arrangements to pay in full before Religious School begins on September 8, 2013.
- **Late Registration:** August 1st-September 8th (does not apply to new family registrations)
A \$25 late fee is due in addition to the regular Religious School fees which are to be paid in full before Religious School begins on September 8, 2013.

Class Options (check all that apply)

- First Steps Into Judaism: 3-4-year olds (\$150.00 per student)
- Religious School (\$375.00 for first student, \$300.00 per additional student)
- Midweek Hebrew (\$150.00 per student)

Total for this student \$ _____

I Will Be Paying By:

- Credit Card
Full amount required. Fill out the Credit Card Sale form below.
- Check. Full amount required.
Make payable to Congregation Beth Ahabah.
- I would like to add \$25 to my total cost for the Beth Ahabah Tuition Assistance Fund

If you need financial assistance with tuition please contact Executive Director Russell Finer at r.finer@bethahabah.org, or call the Temple office at 804-358-6757 before registering your child.

Please return this form to:

Congregation Beth Ahabah
1111 W. Franklin Street
Richmond, VA 23220

CREDIT CARD SALE

NAME (exactly as it appears on the credit card)

VISA MASTERCARD DISCOVER

ACCOUNT # _____ 3 DIGIT CODE _____

EXPIRATION DATE _____ AMOUNT _____

DATE CALLED _____ DATE POSTED _____

CHARGE: Religious School Dues for _____

CREDIT CARD MAILING ADDRESS
