

# CONGREGATION B'NAI TIKVAH RELIGIOUS SCHOOL 2008 – 2009 / 5769

## REGISTRATION FORM (page 1)

Please complete BOTH SIDES of this form for each child and return along with the TUITION SCHEDULE.  
For more information call (925) 933-5397.

For Office Use Only

Sunday \_\_\_\_\_

Midweek \_\_\_\_\_

**STUDENT Name** \_\_\_\_\_  
(Please print) Last First Middle

Hebrew Name \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Family e-mail address \_\_\_\_\_  This is a new address

New B'nai Tikvah student  Returning B'nai Tikvah student

Elementary / Middle School \_\_\_\_\_ Grade 2008 – 09 \_\_\_\_\_

**PARENT 1 Name** \_\_\_\_\_

Home phone (if different than student's) \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other Adult Name(s) at this address \_\_\_\_\_

Parent's background is (optional):  Reform  Conservative  Orthodox  
 Unaffiliated Jewish  Other

**PARENT 2 Name** \_\_\_\_\_

Home phone (if different than student's) \_\_\_\_\_

Home address (if different than student's) \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other Adult Name(s) at this address \_\_\_\_\_

Parent's background is (optional):  Reform  Conservative  Orthodox  
 Unaffiliated Jewish  Other

Student lives with  both Parents  Parent 1 only  Parent 2 only

Send mail to  both Parents  Parent 1 only  Parent 2 only

For School Roster, please list:

both parents together  Parent 1 only  Parent 2 only  each parent separately

do not list

Full Names & Grades of Siblings enrolled in Religious School

\_\_\_\_\_  
\_\_\_\_\_  
(over)

### SESSION REQUEST

Session requests are not guarantee, and assignments can change from year to year.  
If any particular session is difficult for you, please state reasons.

Religious School Grade

Please circle your requests:

Grades K-7      SUNDAY EARLY (9 – 11:15 am)      SUNDAY LATE (10:45 am – 1 pm)

Grade 4      TUESDAY (4 – 5:30 pm)      WEDNESDAY (4 – 5:30 pm)      THURSDAY (4 – 5:30 pm)

Grades 3, 5, 6, 7      TUESDAY (4 – 5:30 pm)      THURSDAY (4 – 5:30 pm)

Please list all factors necessitating your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the Session Registration Information listed below. I understand the above Session Request is not guaranteed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### SESSION REGISTRATION INFORMATION

Parents are encouraged to register their children early. B'nai Tikvah Religious School values parental input regarding the placement of their children.

You will be notified of your session assignment the first week of August.

If the Session Assignment you receive creates an irresolvable conflict, an appeal process is available. Appeals must be in writing, to the Religious School Director, by August 14<sup>th</sup> and must state reason(s) for the Appeal.

All appeals are considered by the Religious School Committee.

**Please attach a recent photo of your child within this space!**

## REGISTRATION FORM (page 2)

### EMERGENCY INFORMATION

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Please list any conditions that may give rise to, or we should know in the event of, a medical emergency:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:** In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### PERMANENT RELEASE

Student's Name \_\_\_\_\_

If and when the need for medical and/or surgical attention arises during the period of my child's official participation in Congregation B'nai Tikvah's Religious School Program, and a listed parent or emergency contact cannot be reached, I hereby grant permission for my child to be treated by qualified medical authorities at their discretion and that of the Congregation B'nai Tikvah staff.

I authorize my child to leave Congregation B'nai Tikvah Religious School for field trips with adequate supervision.

I release Congregation B'nai Tikvah from all responsibilities other than supervised activities.

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

### PUBLICITY RELEASE

I authorize my child's photograph to be published in Bay Area newspapers and on the Congregation's web-site. Names are never used.

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_