



A Reform
Congregation
with a
Traditional
View

Office Notes _____

BETH AM TEMPLE RELIGIOUS SCHOOL REGISTRATION 2016-2017 (5777)

STUDENT'S DEMOGRAPHIC INFORMATION

Last Name _____ First Name _____ Hebrew Name _____

Primary Cell Phone _____ Primary Home Phone _____

Primary Street Address _____ City, State, Zip _____

Date of Birth _____ (mm/dd/yyyy) Secular/Primary School _____

Grade (as of Sept 2016)* _____ *[Please see membership forms for tuition/billing information.]*

Email (if applicable) _____

Will this year be the student's first in a formal religious education program? Yes No

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PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Hebrew Name _____ Hebrew Name _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Email _____ Email _____

At least one parent/guardian must be provided for each student. Beth Am Temple Religious School will consider Parent/Guardian 1 as the primary adult contact as pertains to all school matters.

With whom does the student primarily live?

both parents/guardians, together both parents/guardians, separately

Parent/Guardian 1 Parent/Guardian 2

If there is an alternate address where the student spends a considerable amount of time, especially on days when they attend Religious School, please provide it here:

Address: _____

Which adult lives is this address: _____

****Please see schedule of classes on last page of this registration packet.***



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Student Name _____

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LEARNING INFORMATION

Please indicate the student's learning style (check all that apply):

Auditory Kinesthetic Visual Tactile _____ Other

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Does the student have any special learning needs or behavioral issues/concerns? If so, please describe and note any successful strategies utilized in other school settings.

Does the student have any documentation (IEP, 504, etc.) of special learning arrangements or accommodations? If so, please forward to the Religious School office so that the school can offer the student the most positive learning experience. Yes No

HEALTH & SAFETY INFORMATION

Does the student have any physical or mental health considerations? Please note any regular ailments and medications, chronic conditions, unique family situations, allergies to food/medications, or anything else that the administration and staff should be made aware of. Please also note any treatment strategies should the need arise.

Who is the student's primary care physician?

Name _____ Practice _____ Phone _____

In the event that the student's parent(s) cannot be reached, please contact one/both of the following emergency contacts?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



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Student Name _____

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ADULT INVOLVEMENT

To enrich your child(ren)'s experience at Religious School, please choose at least one of the following ways to get involved during the upcoming school year:

___ Religious School Committee: Assist with overall vision of school, creating and implementing policies and procedures, advising Religious School Principal.

___ Class Parent: Communicate with families in your child's class and help coordinate volunteers for events.

___ Shabbat/Holiday Celebrations Team: Help organize and publicize grade level Shabbat dinners, as well as Shabbat morning lunches and holiday snacks.

___ Fundraising Team: Help create and oversee new fundraising efforts for the school.

___ Media Team: Help with photography and/or videography during the year.

___ Creative Team: Help with activities like graphic designing, some hallway bulletin boards, and decorating for holidays.

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PERMISSIONS & AUTHORIZATIONS

___ Yes or ___ No: I authorize Beth Am Temple and its agents to act for me in accordance with their best judgement in case of an emergency. It is my understanding that all accidental health care and medical attention while my child is at school or on a school-sanctioned program off-site will be billed to me.

___ Yes or ___ No: I give permission for photographs, slides, videos, or audiotapes of my child to be used for our website, public relations purposes, and promotion of Beth Am Temple and our school.

___ Yes or ___ No: I authorize, and give permission, for my basic contact information to be released to other families in the Religious School and/or temple community.

Form submitted by _____ (name)

Signature _____ Date _____



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Schedule of Classes for 2016-2017 School Year

2s & 3s "Chalutzim" program meets weekly on Sundays, 9-10:30am

4s & 5s "Chalutzim" program meets weekly on Sundays, 9-11am

1st grade meets weekly on Sundays, 9-11am

2nd grade meets weekly on Sundays, 9-11am

3rd grade meets weekly on Sundays, 9-11am

4th grade meets twice a week, Sundays, 9-11am, and Wednesdays, 4:15-6:15pm

5th grade meets twice a week, Sundays, 9-11am, and Wednesdays, 4:15-6:15pm

6th grade meets twice a week, Sundays, 9-11am, and Wednesdays, 4:15-6:15pm

7th grade meets twice a week, Sundays, 9-11am, and Wednesdays, 6-8pm (with dinner)

8th & 9th grade "Hebrew High" meets weekly on Wednesdays, 6-8pm (with dinner)

10th grade "Confirmation" meets weekly on Wednesdays, 6-8pm (with dinner)

11th & 12th grade "Post-Confirmation" meets monthly on Wednesdays, 6-8pm (with dinner)