

**BETH HAVERIM SHIR SHALOM SCHOOL REGISTRATION FORM - 2009/2010**  
**Traditional School Grades PreK through 6; Family School Grades 3 through 6**

**Schedule of fees (books and program fees included):**

**Preschool: \$350 (\$450 for non-members) ~ Grades K, 1: \$475 ~ Grade 2: \$500 ~ Grade 3: \$550 ~ Grades 4, 5, 6: \$600  
Family School Grade 3, 4, 5, or 6: \$625 (each additional child \$600)**

**Please fill out a separate form for each student. A Covenant of Conduct (grades K – 3) or Attendance Policy/Covenant of Conduct (grades 4 – 6) sheet must be signed and attached in order for the registration to be processed. Please return with payment by August 15, 2009.**

Student's Name \_\_\_\_\_ Grade (As of 9/09) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M / F (circle one)

Previous religious school experience? (circle one) Y N If yes, where? \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade \_\_\_\_\_

Sibling: \_\_\_\_\_ Grade \_\_\_\_\_

Name of parent with whom student resides: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Other custodial or non-custodial parent name (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list at least two people to contact (not on list above) in case of emergency:

Name	Relationship to student	Phone #	Cell #

**FOOD ALLERGIES, DRUG REACTIONS, ETC. - IN THE CASE OF A POTENTIALLY LIFE-THREATENING ALLERGY, PLEASE ATTACH A SEPARATE NOTE WITH EXPLANATION**

**REVERSE SIDE MUST ALSO BE COMPLETED**

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In case of emergency, I authorize the faculty and staff of Beth Haverim Shir Shalom to provide appropriate medical or dental care for my son/daughter \_\_\_\_\_ by a Doctor or Dentist at the nearest emergency location to the site of the accident.

**Parent Signature:** \_\_\_\_\_

Is your child in any special need programs in his/her public school? Does your child have any special learning needs? If yes, please explain.

Is your child on any medication (such as Ritalin, allergy medication, etc.)? Are there any medical or emotional conditions of which we should be aware? Please explain.

**Payment Options: You may pay half of the total school fee by August 15, 2009, with the other half due no later than November 15, 2009. If paying in full, school fees may be paid by credit card or check made payable to "BHSS." If paying in two payments, payment must be made by credit card AND both payment boxes below must be completed.**

<p><b>First 1/2 payment    Full payment (Circle One)</b></p> <p><b>Due August 15, 2009</b></p> <p>VISA/MC/AMEX (Circle One)</p> <p>Amount \$ _____</p> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Cardholder's Signature</p> <p>Exp. Date (Month/Year) _____</p>
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<p><b>Second 1/2 payment</b></p> <p><b>Due November 15, 2009</b></p> <p>VISA/MC/AMEX (Circle One)</p> <p>Amount \$ _____</p> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Cardholder's Signature</p> <p>Exp. Date (Month/Year) _____</p>
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<p><b>I understand that my family must be financially "current" with respect to Beth Haverim Shir Shalom, and that my child may not be allowed to attend religious school until this obligation is satisfied.</b></p> <p><b>Signed:</b> _____</p>
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