



THE BERMAN-LIPAVSKY RELIGIOUS SCHOOL AT BETH EL CONGREGATION

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EYAL BOR, Ph.D., DIRECTOR OF EDUCATION

The Berman-Lipavsky Religious School

בית ספר ע"ש ברמן לנפשו

2011 - 2012 * 5772 GENERAL REGISTRATION FORM

This form is to be completed for all students enrolling in Berman-Lipavsky Religious School programs.
Please return to the School Office accompanied by a non-refundable registration fee of \$100 per child.
Applications can be downloaded at our website.

Please return registration application to School Office by Sunday, May 22, 2011.
A late fee of \$50 per family will be assessed if registered after Friday, July 31, 2011.

STUDENT INFORMATION:

CHILD'S NAME: _____
LAST NAME FIRST NAME HEBREW NAME SEX BIRTHDAY GRADE(AS OF SEPT. 2011) SECULAR SCHOOL

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LAST NAME FIRST NAME HEBREW NAME SEX BIRTHDAY GRADE(AS OF SEPT. 2011) SECULAR SCHOOL

PARENT _____	PARENT _____
ADDRESS _____	ADDRESS _____
HOME # _____ WORK # _____	HOME # _____ WORK # _____
CELL # _____	CELL # _____
EMAIL _____	EMAIL _____

IN CASE OF EMERGENCY, CONTACT (NAME & PHONE, OTHER THAN PARENTS): _____

PEDIATRICIAN'S NAME & TELEPHONE NUMBER: _____

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS FOLLOWING THIS STATEMENT) THE DIRECTOR OF EDUCATION, RABBI OR TEACHER TO CALL MY PHYSICIAN OR TO TAKE MY CHILD TO THE HOSPITAL TO RECEIVE ANY AND ALL APPROPRIATE EMERGENCY TREATMENT. PLEASE INITIAL: _____

ARE YOU A MEMBER OF BETH EL CONGREGATION? YES _____ NO _____

____ I UNDERSTAND THAT THIS 2011-12 REGISTRATION APPLICATION WILL NOT BE PROCESSED UNTIL ALL OUTSTANDING BALANCES DUE FOR THE 2010-11 SCHOOL YEAR HAVE BEEN FULFILLED. PLEASE INITIAL

____ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) MY CHILD TO PARTICIPATE IN BERMAN-LIPAVSKY RELIGIOUS SCHOOL FIELD TRIPS. PLEASE INITIAL

____ I HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) FOR MY CHILD'S PHOTO & NAME TO BE USED FOR PUBLICITY AND COMMUNICATION BY BERMAN-LIPAVSKY RELIGIOUS SCHOOL. PLEASE INITIAL

HOW DID YOU HEAR ABOUT OUR PROGRAM (PLEASE INDICATE ALL THAT ARE APPLICABLE)?

- | | | |
|-------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> PRINT ADVERTISEMENT | <input type="checkbox"/> MEMBER OF BETH EL CONGREGATION | <input type="checkbox"/> FRIEND / WORD OF MOUTH |
| <input type="checkbox"/> BALTIMORE JEWISH TIMES | <input type="checkbox"/> WEBSITE OF BETH EL CONGREGATION | <input type="checkbox"/> CENTER FOR JEWISH EDUCATION |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> MULTI-MEDIA | |

OTHER (PLEASE SPECIFY) _____

PLEASE NOTE NAME OF FRIEND WHO REFERRED YOU TO BETH EL SCHOOLS _____

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE OF REGISTRATION FORM

SPACE BELOW FOR OFFICE USE ONLY

ACCOUNT #	CHILD'S NAME	ASSIGNMENT	CLASS CODE	DEPOSIT	TUITION	BALANCE DUE

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Please respond to the questions below. If they do not apply to your child, please write N/A in the spaces provided.
Use a separate sheet if necessary. All information will remain confidential. Thank you.

ARE THERE **SPECIAL MEDICAL CONCERNS** (E.G. ALLERGIES, MEDICATIONS, VISUAL PROBLEMS, ETC.) AND/OR ANY LEARNING CONSIDERATIONS IN READING, WRITING, COMPREHENSION, ORGANIZATION, SPEECH/LANGUAGE, ATTENTION, MEMORY, ETC., OF WHICH THE SCHOOL SHOULD BE AWARE? WHAT SPECIAL SERVICES, IF ANY, DOES YOUR CHILD RECEIVE IN SECULAR SCHOOL OR PRIVATELY? PLEASE SUPPLY REPORTS AND TEST RESULTS, SUCH AS I.E.P.

CHILD'S NAME	MEDICAL CONCERNS
CHILD'S NAME	MEDICAL CONCERNS
CHILD'S NAME	MEDICAL CONCERNS

PROGRAMS—WRITE YOUR CHILD'S NAME NEXT TO YOUR SELECTIONS

BI-MONTHLY PROGRAM

- ▲ FOUR YEAR OLD-SUNDAY (9:30AM-11:30AM)
- ▲ FOUR YEAR OLD-TUESDAY (4:15PM-6:00PM)
- ▲ FOUR YEAR OLD-WEDNESDAY (4:15PM-6:00PM)

ONE DAY-A-WEEK PROGRAMS (GRADES K - 1)

- ▲ GAN-KINDERGARTEN, SUNDAY (9:30AM-11:30AM) ▲ MECHINA-1ST GRADE, SUNDAY (9:30AM-11:30AM)
- ▲ GAN-KINDERGARTEN, TUESDAY (4:15PM-6:00PM) ▲ MECHINA-1ST GRADE, TUESDAY (4:15PM-6:00PM)
- ▲ GAN-KINDERGARTEN, WEDNESDAY (4:15PM-6:00PM) ▲ MECHINA-1ST GRADE, WEDNESDAY (4:15PM-6PM)

TWO DAY-A-WEEK PROGRAMS (GRADES 2-7)

- ▲ SUNDAY (9:30AM-11:30AM) AND TUESDAY (4:15PM-6:00PM)
 - J ▲ ALEPH (2ND GRADE) ▲ BET (3RD GRADE) ▲ GIMEL (4TH GRADE)
 - ▲ DALET (5TH GRADE) ▲ HAY (6TH GRADE) ▲ VAV (7TH GRADE)
- ▲ SUNDAY (9:30AM-11:30AM) AND WEDNESDAY (4:15PM-6:00PM)
 - ▲ ALEPH (2ND GRADE) ▲ BET (3RD GRADE) ▲ GIMEL (4TH GRADE)
 - ▲ DALET (5TH GRADE) ▲ HAY (6TH GRADE) ▲ VAV (7TH GRADE)
- ▲ TUESDAY (4:15PM-6:00PM) AND WEDNESDAY (4:15PM-6:00PM) NEW OPTION!
 - ▲ ALEPH (2ND GRADE) ▲ BET (3RD GRADE) ▲ GIMEL (4TH GRADE)
 - ▲ DALET (5TH GRADE) ▲ HAY (6TH GRADE) ▲ VAV (7TH GRADE)
- ▲ SATURDAY (10:00AM-12NOON) AND SUNDAY (9:30-11:30AM) NEW OPTION!
 - ▲ ALEPH (2ND GRADE) ▲ BET (3RD GRADE) ▲ GIMEL (4TH GRADE)
 - ▲ DALET (5TH GRADE) ▲ HAY (6TH GRADE) ▲ VAV (7TH GRADE)

▲ YERUSHALAYIM (DIFFERENT LEARNING STYLES & SPECIAL NEEDS)-GRADES 2-7:
DAYS TO BE DETERMINED UPON CONSULTATION WITH DR. EYAL BOR

▲ CHAVURAH CHADASHA - STUDENTS STUDY TOGETHER WITH IN THEIR HOMES AND AT BETH EL
SUNDAYS (9:30AM-11:30AM) AND ONE SESSION MIDWEEK PLUS ADDITIONAL CRITERIA

CLASSROOMS WILL NOT BE STARTED WITHOUT A MINIMUM OF 10 STUDENTS

SIGNATURE OF PARENT: _____

DATE: _____

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DATE: _____