



**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 לרפובליקה

# THE RABBI'S SCHMOOZE REGISTRATION FORM

2011 - 2012 \* 5772

This form is to be completed for all students enrolling in Beth El's Rabbinic Conversation program.  
Please return to the School Office accompanied by a non-refundable registration fee of \$50 per child.  
Applications can be downloaded at our website.

**STUDENT INFORMATION:**

**STUDENT'S INFO:**

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

STUDENT CELL PHONE #      STUDENT EMAIL      NAME OF SECULAR SCHOOL

**STUDENT'S INFO:**

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

STUDENT CELL PHONE #      STUDENT EMAIL      NAME OF SECULAR SCHOOL

PARENT _____	PARENT _____
ADDRESS _____	ADDRESS _____
HOME # _____	HOME # _____
WORK # _____	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 HEREBY AUTHORIZE (BY MY SIGNATURE ON THE APPLICATION AND INITIALS PRIOR TO THIS STATEMENT) MY CHILD TO PARTICIPATE IN BETH EL CONFIRMATION & POST-CONFIRMATION 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 CONFIRMATION & POST-CONFIRMATION PROGRAMS. PLEASE INITIAL

**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

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

NAME OF STUDENT \_\_\_\_\_

**THE RABBI'S SCHMOOZE(10th – 12th)**  
meets monthly  
Monday nights from 6:00-7:30pm

# THE RABBI'S SCHMOOZE

**DINNER (6:00 – 6:25pm)**

Group will enjoy their dinner and time for schmoozing in Rabbi's Study

**STUDY SESSION - (6:30 – 7:30pm)**

Students will have a separate and private study session with our Rabbis

**▲ I AM REGISTERING MY CHILD FOR THE RABBI'S SCHMOOZE GROUP:**

\_\_\_\_ 10th Grade    \_\_\_\_ 11th Grade    \_\_\_\_ 12th Grade

SIGNATURE OF PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_