

STUDENT INFORMATION (Please make note of any incorrect information)

Name:	Grade in Religious School:
Hebrew Name:	

Name:	Grade in Religious School:
Hebrew Name:	

Name:	Grade in Religious School:
Hebrew Name:	

Name:	Grade in Religious School:
Hebrew Name:	

PARENT/GUARDIAN INFORMATION (Please make note of any incorrect information)

Name:	Home Phone:
Address:	Cell Phone:
E-mail:	

EMERGENCY CONTACT

Parents will be contacted first in case of an emergency. If you cannot be reached in case of emergency, please give the name of two (2) other people who can be notified. Please provide your child's physician's name and telephone number.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Physician's Name:	Phone:	
Known Allergies:		
Medications Taken:		

PHOTOGRAPH USE PERMISSION: I grant permission to Temple Beth-El to use my family's or child's photograph on its World Wide Web site or in other official Beth-El publications without further consideration. YES NO

Parent Signature: _____

Date: _____

BETH EL RELIGIOUS SCHOOL STATEMENT

DUE ON OR BEFORE AUGUST 15, 2009

For
Children's Names:

Religious School Per Child (includes supplies)	\$235 x =	\$
Curriculum Enrichment Fee	\$25 per family	\$25
Hebrew School Per Child	\$185 x =	\$
Additional Confirmation Fee	\$110 x =	\$
	TOTAL	\$

Enclosed is my check (*Make payable to Beth-El Congregation*)

Charge the total to my: Visa MasterCard American Express

Card #: _____ Security Code: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

I will pay tuition on the first day of Religious School.

Note: Financial arrangements need to be considered **before** the first day of school.
Contact Suzie Koonsman at 817-332-7141.

Parent Signature: _____

Date: _____