



CONGREGATION BETH ISRAEL

5716 Carmel Valley Road

Carmel, CA 93923

(831) 624-2015, www.carmelbethisrael.org

RELIGIOUS SCHOOL REGISTRATION FORM

Third Child in Family

CHILD'S FIRST NAME: _____ **LAST NAME** _____

HEBREW NAME _____ AGE: _____ BIRTH DATE: _____

ANTICIPATED B'NAI MITZVAH DATE: _____ SECULAR SCHOOL GRADE: _____

RELIGIOUS SCHOOL GRADE: _____ HEBREW SCHOOL LEVEL: _____

SECULAR SCHOOL YOUR CHILD ATTENDS: _____

CHILD'S E-MAIL _____ CHILD'S CELL PHONE _____

CHILD'S HEIGHT _____ WEIGHT _____

Please let us know of any health issues concerning your child including (but not limited to) allergies, medications, eye or hearing difficulties. _____

Please let us know about any educational issues that concern your child including (but not limited to) reading difficulties, attention /focusing problems, processing difficulties, and if your child has had, or currently has an IEP. _____

Please let us know about any behavioral or social issues concerning your child including (but not limited to), needs to be center of attention, solitary, easily upset, shy, difficulty making friends. _____

Please describe any medical advice or educational recommendations you have received which would be pertinent to your child's Jewish education. _____

Does your child need to receive any medication during the Religious School or Hebrew School Day or during a Youth Group activity? If so what medication and how is it to be administered? _____

I accept that all releases and permissions signed on the registration form for my other children are also applicable for the above registered child. Signature_____

Tuition for all children should be tallied together on the on-line registration form.