

Congregation Beth El of Montgomery County Religious School

8215 Old Georgetown Road • Bethesda, Maryland 20814
(301) 652-8569, X309

RELIGIOUS SCHOOL REGISTRATION 2010-2011

Student's Name _____

Hebrew Name
(English Transliteration) _____

Date of Birth, Age
(as of 9/2010) _____

Public/Private School & Grade (as of 9/2010) _____

Religious School Grade Preference Grade: ____ Session: ____ Grade: ____ Session: ____ Grade: ____ Session: ____
(See enclosed Information sheet, section II for guidance)

Your tuition, dues and security assessment for 2009-10 must be paid in full in order for us to process your registration. Questions? Contact Sheila Bellack at SBellack@bethelmc.org.

Special Sign Up

___ **Hug Ivrit V'Tarbut**
(1st grade / 2nd Grade
Enrichment Class)

Youth Group

___ Bonim (Grades K-2)
___ Machar (Grades 3-5)
___ Kadima (Grades 6-8)
___ USY (Grades 9-12)

Tuition and Fees

___ I am enclosing the Registration fee at \$36 per child (non-refundable)	_____
___ child(ren) - Grades: K, 1, 2, 8, 9, 10 @ \$755 (Non-Members \$1,060)	_____
___ child(ren) - Grade 3 @ \$1060 (Non-Members \$1,500)	_____
___ child(ren) - Grades 4, 5, 6, 7 @ \$1,330 (Non-Members \$1,880)	_____
___ child(ren) - Grades 11, 12 - Senior Seminar @ \$72 (Non-Members \$72)	_____
Total	_____
Early Registration (May 9 – June 6) take off \$50 per child	- _____
<i>4th/5th grade Shalem Rabbi's Scholarship at \$250 per child.</i>	- _____
Balance Due	_____

If you do not plan on re-enrolling, please let us know by noting so on this form, calling, or emailing us.

Voluntary Contribution to the Tanenbaum Religious School Enrichment Fund _____
Voluntary Contribution to the Shalowitz Education Fund _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

FAMILY INFORMATION

Parent/Guardian 1 _____

Address _____

Email _____

Phone Number: (H) _____

(W) _____

(Cell) _____

Parent/Guardian 2 _____

Address _____

Email _____

Phone Number: (H) _____

(W) _____

(Cell) _____

___ Child(ren) live(s) with one parent/guardian.

Mailings should be sent to:

___ Send duplicate mailings to:

Membership Status

(Check as appropriate)

___ Member

___ Non-Member

___ Member of: _____

FIELD TRIP PERMISSION - Occasionally, some school classes will be held off-site. Prior to all field trips, a letter and permission slip is mailed out. In addition, most field trips are listed on the school calendar, which is distributed in August. Please sign this form so that your child(ren) may participate in these experiences. We will make every effort to give your child(ren) the same quality care, including safety measures, that we normally provide. In case of accident or injury, we will seek medical care at your expense and notify you at the earliest possible moment.

I give permission for my child(ren) to participate in field trips outside the Beth El school premises. I understand that bus or private vehicle may be used to transport my child(ren).

Parent/Guardian signature(s): _____

If I should volunteer to drive a vehicle during a field trip, it is understood that I must carry my own accident and liability insurance, and am liable for the people I am transporting.

Parent/Guardian signature(s): _____

INSURANCE INFORMATION

Company/Policy Number: _____

PUBLIC INFORMATION RELEASE - At times, children may be photographed or otherwise visually recorded. Photographs, slides, videotapes, and/or voice recordings may be made by persons intending to use such materials for educational purposes and/or public presentation. Please sign below indicating permission.

Parent/Guardian signature(s): _____