BETH ABRAHAM SYNAGOGUE

(For Office Use Only)

Total Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“GOAL!” PROGRAM

305 SUGAR CAMP CIRCLE

DAYTON, OHIO 45409

**REGISTRATION FORM – 2020/21**

All Students must be enrolled by August 15, 2020

PLEASE MAIL THIS FORM BACK AS SOON AS POSSIBLE

Fax 937-293-9524, or E-Mail: cantor@bethabrahamdayton.org

Payment of 10% due with registration. Balance to be paid by December 31, 2020.

Current Fees: (K-2nd Grades - Sundays only) $200.00 (3-7, Sunday morning class and weekday Hebrew tutoring session arranged with the Cantor) $575.00

Student Name Grade Birthday Hebrew Name

List additional names on back

Public School District or Private School child(ren) attend(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Address

City Zip Home Phone \_\_\_ Cell Phone \_\_\_\_\_

Father Address

City Zip Home Phone Cell Phone \_\_\_\_\_\_

E-MAIL Addresses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Phone

Allergies

Does your child have an IEP or are there any learning issues we should be aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALTERNATE PERSON TO BE NOTIFIED IN THE EVENT OF ILLNESS OR INJURY IF UNABLE TO REACH PARENTS:

 Phone

Person responsible for payment due:

(OVER)

2020-2021

**PERMISSION SLIP**

This is a general release giving permission for your child to participate in scheduled field trips that will occur during this school year within the context of regular school hours as well as after school events.

Parents will be notified of upcoming field trips and reserve the right to deny permission for their child to take part in any particular trip.

Please fill in the appropriate information and return the office.

**PERMISSION TO PARTICIPATE**

 I give general permission for my child to attend school sanctioned field trips scheduled during the 2020-2021 school year.

 I do not give permission for my child.

**PERMISSION TO BE TRANSPORTED**

 I give my child permission to ride with any licensed driver designated by the school during a planned school trip.

 I do not give permission for my child.

Please indicate if you would like to volunteer to drive students on any field trips. Yes

**COMMUNICATIONS**

We respect your right to privacy and therefore are requesting your permission for the following:

It is our policy to not identify any students by name in synagogue publicity. If you **do not** authorize Beth Abraham Synagogue to use photographs and recordings of your child on the synagogue website, in print materials and other media for the promotion of and public education about our programs, initial here: \_\_\_

 Parent Signature Date