

BETH ABRAHAM SYNAGOGUE
"GOAL!" PROGRAM
305 SUGAR CAMP CIRCLE
DAYTON, OHIO 45409

(For Office Use Only)
Total Due: _____
Check # _____
Date Received: _____

REGISTRATION FORM – 2022/23

All Students must be enrolled by August 29, 2022
PLEASE MAIL/EMAIL 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, 2022.

Current Fees: (K-2nd Grades - Sundays only) \$250.00 (3-7, Sunday morning class and weekday Hebrew tutoring session arranged with the Cantor) \$600.00

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)

2022-2023

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 2022-2023 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