



**BHC Religious School Registration Form 2011-2012**

**PLEASE PRINT**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Hebrew Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Incoming Religious School Grade \_\_\_\_\_ Check one (3<sup>rd</sup> through 7<sup>th</sup> grade only) Sunday \_\_\_\_\_ Sunday and Tuesday \_\_\_\_\_  
*Aleph All Stars through 2<sup>nd</sup> grade attend Sunday only*

Incoming Secular School Grade \_\_\_\_\_ Secular School Name \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian 1 \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**I am interested in carpooling to/from Religious School. Please have someone contact me** Yes \_\_\_\_\_ No \_\_\_\_\_

**Photography release:** I hereby give consent for photographs, film, video or sound recordings to be taken of anyone in my family at Baltimore Hebrew Congregation or at a BHC sponsored activity during the 2011-2012 academic year. We further consent that such photographs/recordings may be used in BHC publications, promotional materials, news releases, film, video, websites or sound production as directed and approved by BHC.

Parent/Guardian 1 Name \_\_\_\_\_ Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_



**BHC Elective Form for Students in Grades 3-6**

Student Name \_\_\_\_\_ RS Grade \_\_\_\_\_

**3-4 grade Electives:** Electives are 9 weeks. Students will get to choose other electives throughout the year.  
Please rank your choice 1, 2, or 3 with 1 being your first choice:

Art & Jewish Holidays \_\_\_\_\_ Jewish Skits & Sketch Comedy \_\_\_\_\_ Jewtube -Youtube(Computers) \_\_\_\_\_ Cooking for Jewish Holidays \_\_\_\_\_

**5-6 grade Electives:** Electives are 9 weeks. Students will get to choose other electives throughout the year.  
Please rank your choice 1, 2, or 3 with 1 being your first choice:

Jewish-Rock Radio \_\_\_\_\_ Sports & Jewish Values \_\_\_\_\_ Art & Jewish Life \_\_\_\_\_



**BHC Religious School Individual Student Learning and Medical Form**

*This form will remain confidential.*

*Information is used to provide the best learning environment for your child and to provide the proper care in an emergency situation.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent(s)/Guardian(s) with whom child resides \_\_\_\_\_

**Learning**

What are your child's learning strengths?

---

---

---

What are your child's learning needs?

---

---

---

Does your child have an IEP or ILP, or is he/she receiving any individualized attention at secular school?

No \_\_\_\_\_ Yes \_\_\_\_\_ Explain? \_\_\_\_\_

Are you willing to share the information with the Religious School Director? No \_\_\_\_\_ Yes \_\_\_\_\_

I would like to talk with: Teacher \_\_\_\_\_ Director \_\_\_\_\_

Is there anything else we should know about your child to be able to help him/her excel in the classroom?

---

---

---



**BHC Religious School Individual Student Learning and Medical Form (cont.)**

**Medical**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

What allergies (including food) does your child have? \_\_\_\_\_

Is your child presently taking medication on a continuing basis? \_\_\_\_ If yes, name and dosage of medication \_\_\_\_\_

Prescribed for what condition \_\_\_\_\_

Are there any family arrangements which we should be aware of in case of emergency? \_\_\_\_\_

**Since minors may not, as a rule, be administered an anesthetic or have surgery performed on them without the consent of a parent or guardian, we are requesting that parents or guardians sign the following statement. In the event we have difficulty reaching the parent or guardian the signed statement will prevent a dangerous delay in case an emergency arises whereby hospitalization and/or surgery may be required.**

**Parents: Please be aware that we DO NOT administer to students any medications of any kind at Religious School!**

In the event of illness or injury to our son/daughter/ward \_\_\_\_\_,  
we hereby authorize the staff of Baltimore Hebrew Congregation to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance Information (necessary for any treatment)**

Company's Name \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Full Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**BHC Religious School Emergency Authorization Form**

Emergency authorization in the event we are unable to be reached (Name) \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I have read and completed the above information to the best of my knowledge.**

**Parent/Guardian Name** (Please Print ) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permission for Field Trips**

I/We give permission for our child/ward \_\_\_\_\_ to attend all Baltimore Hebrew Congregation/Religious School Field Trips (BHC will keep parents informed of trip places, dates and times).

I would like to chaperone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **BHC Religious School Parents' Association Form**

*In an effort to keep costs down and maintain the quality of our educational programs, we rely on every parent/guardian to make the commitment to participate in at least one of our many volunteer opportunities. It is important that we, as role models for our children, involve ourselves in their Jewish Education. From time to time, we will call upon you to volunteer. The school staff and your child(ren) look forward to your participation. Please make a selection from the following list.*

*As you choose which activities to volunteer for please consider your child's Jewish Education as a priority. This is YOUR Jewish community as well. Step inside Baltimore Hebrew Congregation ... become involved.*

### **Volunteer Opportunities**

**HeBrew Café 8:45-9:30 Sunday Mornings - Help sell coffee and donuts to students and parents.**

September \_\_\_\_ October \_\_\_\_ November \_\_\_\_ December \_\_\_\_ January \_\_\_\_ February \_\_\_\_ March \_\_\_\_ April \_\_\_\_ May \_\_\_\_

**Parent name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Sukkot Dinner - Friday October 14, 2011**

- \_\_\_\_ Take reservations and collect money
- \_\_\_\_ Pick up beverages and utensils for the event
- \_\_\_\_ Set up tables one hour prior to the event
- \_\_\_\_ Greet new members and families as they arrive for dinner

**Parent name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Chanukah Gift Fair-Sunday December 18, 2011**

- \_\_\_\_ Help with Bazaar

**Parent name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Chanukah Dinner-Friday December 23, 2011**

- \_\_\_\_ Help make table settings (night before)

**Parent name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**What skills or talents would you be willing to share with our community?**

---