



222 Irvington Avenue  
South Orange, NJ 07079 · [www.bethelnj.org](http://www.bethelnj.org)  
973 763-0119 · 973 763-5793 (Fax)

**Registration Form 5771 (2010-11)**

**PLEASE RETURN BY MAY 31, 2010**

- Please fill out this form (one per student) as accurately as possible
- Please print – all requested information is extremely important. If you have any questions in filling out this form, please contact Sherri Morris at [smorris@bethelnj.org](mailto:smorris@bethelnj.org)

Today's Date \_\_\_/\_\_\_/\_\_\_

**Student Information**

Child's Name (First, Last):

Child's Hebrew Name (i.e. Yosef ben Avraham v Sarah):

Gender:  Male       Female      Birthdate: \_\_\_/\_\_\_/\_\_\_

Name of school your child attends daily:

Grade as of September 2009:

Name of Summer Camp, if attending:

**General Learning Profile:**

*Please note that confidentiality will be respected at all times*

Is there anything you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, learning style, significant changes in school or at home that your child has experienced in the past year, etc.)?

Has your child been evaluated and classified as ADD, ADHD, NI or any other special learning situation?

If yes:

What are the learning accommodations your child has in school? (Mainstream, self-contained, tutorial, adaptive technology.)

In order to help your child succeed and to maximize his/her experience here, would you be willing to share any educational reports or the education section of your child's Individualized Education Plan (IEP)? (If so, please attach with the application).

**Medical Information:**

Please inform us of any allergies and/or medical conditions that may affect your child during school hours.

Medications:

Food Allergies:

(Please provide us with a written protocol in the event of an allergic reaction.)

Doctor (Name and Phone #)

Dentist (Name and Phone #)

Insurance Information (Carrier and Member / Group Number)

May we contact your child's doctor or dentist if necessary?  Yes  No

In the event of an emergency, do you give us your permission to call an ambulance?

Yes  No

**Emergency Information (the contacts should be people other than yourselves):**

Emergency Contact #1 (Name, Phone #, Cell # and relationship to student)

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Emergency Contact #2 (Name, Phone #, Cell # and relationship to student)

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I allow my child to walk home alone.  Yes  No

Please inform us of any special arrival or dismissal arrangements for your child (bus company, special needs, name and phone number of caregiver that will pick up your child, etc).

**Family Information**

Parent/Guardian 1:  
Name (First, Last):

Phone Numbers: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (cell): \_\_\_\_\_

Address (Street, City, State, Zip):

Occupation:

Marital Status  Married  Single  Separated  Divorced  Widowed  Partnered

Member of Congregation Beth El  Yes  No

E-Mail Address: \_\_\_\_\_ frequently checked?  Yes\*  No

\* In our concern for the environment (*ba'al tashchit*), we will be sending most school communications via email. If you would prefer to communicate via phone or snail-mail, please check here:

**Religious Background:**

Were you raised  Conservative  Orthodox  Reform  Secular  Non-Jew  Other?

Have you celebrated Bar or Bat Mitzvah?

If no, would you be interested in an Adult Bar/Bat Mitzvah class?

**Jewish Educational Background:**

Did you attend Hebrew school?

If yes, for how many years?

Did you attend a Jewish summer camp?

To further our vision of becoming a congregation of learners, please indicate which programs you would be interested in attending:

Holiday "how- to" Workshops

Jewish Parenting Workshops

Hebrew Reading

Community Service Projects

Basic Judaism Classes

Jewish Literature

Jewish Art & Film Series

\_\_\_\_\_ ( your suggestions)

When would you like these classes to be held? Please add date & time preference where applicable.

Sunday during JLC \_\_\_\_\_ Weeknight \_\_\_\_\_ Weekday \_\_\_\_\_

**Family Information (continued)**

Parent/Guardian 2:  
Name (First, Last):

Phone Numbers: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (cell): \_\_\_\_\_

Address (Street, City, State, Zip):

Occupation:

Marital Status  Married  Single  Separated  Divorced  Widowed  Partnered

Member of Congregation Beth El  Yes  No

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Sibling Name(s) and Age(s):

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