BJEP, Inc. REGISTRATION FORM

Grade entering BJEP in 2010-2011 School Year K 1 2 3 4 5 6 7

Child's Name_____ DOB_____
(last) (first)

Home Phone: _____ E-Mail Address: _____

Parents' Names: _____

Child's Primary Address: _____
(street) (town) (zip)

Name and Address for Second Mailing (if required): _____

Cell Phone Numbers: _____

Additional Emergency Contact Name/Phone:_____

Medical & Other Information

BJEP staff will always attempt to contact parents immediately in the event of an emergency.

Pediatrician's Name_____ **Address**_____ Phone _____

BJEP's goal is to make the best possible educational environment for all our children. As a private Sunday school with limited resources, it is very important that you provide us with all information that will assist us in working with your children to the best of our ability. **Please answer the following questions and initial here that you have read this section. _____**

1. **Does your child have any special educational needs *at all*? Yes/No**
2. **Does your child have any medical or physical conditions of which we should be aware? Yes/No**
   Briefly explain:_____
3. **Does your child have any allergies (foods, medication, etc.) that we should be aware of? Yes/No**
   Briefly explain:_____

IMPORTANT!!! If you have answered "yes" to any of the above questions, please provide detailed information on a separate sheet and send in with registration form and payment.

Volunteer Assignments

IMPORTANT!!! Your registration form will not be considered complete until you fill in your volunteer commitment.

Volunteer job: _____ Date of job: _____

Photo/Video/Web and Media Release Authorization

I/We, give consent for taking and publishing photographs or video of the student identified above during his/her participation in the activities/events at BJEP. I/We understand that such publication may include, but is not limited to, newspapers, TV, and the BJEP web site. I/We hereby release BJEP from any and all liability from such use and publication.

Permission Granted ☐ Denied ☐ Signature:_____

New Applicants Only

Does your child have a previous Hebrew education? Yes / No
Does your child have previous Judaic Studies education? Yes / No

If you answered yes to either question, tell us the last grade completed and name of program:_____

Children entering BJEP in grade 3 or above who do not have Hebrew reading skills must be tutored, and parents must speak with the Education Director.

For Office Use Only

Payment Date:_____ Amount:_____ MC / VISA / Check #_____