

BJEP, Inc. REGISTRATION FORM

Grade entering BJEP in 2011-2012 School Year _____ K 1 2 3 4 5 6 7

Child's Name _____ (last) _____ (first) _____ DOB _____

Home Phone: _____ E-Mail Address (For all BJEP mailings): _____

Parents' Names: _____

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

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

Parent #1--Name and Cell Phone Number: _____ Parent #2--Name and Cell Phone Number: _____

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 _____

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 food allergies that we should be aware of? Yes/No
Briefly explain: _____

IMPORTANT!!! If you have answered "yes" to any of the above questions, please make sure that we have the most current information. Please enclose personal information in a sealed envelope (labeled "For Director Only") and send that in with registration form and payment (or bring directly to the BJEP Office, Shiffman 218). Alternatively, please provide current information on a separate sheet and mail directly to Dena Glasgow, BJEP Director, 47 Oxford Road, Newton, MA, 02459.

Volunteer Assignments

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

Volunteer job: _____ Date: _____

Photo/Video/Web and Media Release Authorization

We want to be able to share pictures of BJEP in action in our weekly newsletter and on our website! We will not include any names. Please consider giving permission for us to share pictures that include your children.

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 and **will not include names**. I/We hereby release BJEP from any and all liability from such use and publication.

Permission Granted Denied

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 may need to be tutored. Parents must speak with the Education Director prior to the start of the school year about the details of the tutorial program.

For Office Use Only

Payment Date: _____ Amount: _____ Check # _____ Smart Tuition: Y N