

# Beit Sefer Registration

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Please complete this form for each child that you plan to send to school.

Secular Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone/Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Please \* the best contact number.

Please list any **food allergies, medical conditions, or other special needs** your child may have pertaining to her/his educational experience at our school:

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Does your child have an IEP or learning issues that we should be aware of? If yes, please include this information with your registration materials.

Medical Waiver and Emergency Contacts:

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Name and Policy Number \_\_\_\_\_

Please indicate whether your child will be attending Hebrew School, Religious School, or both below.

<b>Wednesday Hebrew (5:15-7:00pm)</b>	<b>\$225/child</b>
<b>Sunday Religious School (9:30am-12:00pm)</b>	<b>\$225/child</b>
<b>Both</b>	<b>\$450/child</b>