

**SCHOOL REGISTRATION 2018-19**



**Beth Tikvah B'nai Jeshurun**  
 1001 Paper Mill Road Erdenheim, PA 19038  
 215-836-5677 [www.btbj.org](http://www.btbj.org) [office@btbj.org](mailto:office@btbj.org)

**Please complete a separate form for each student who is NEW to the BTBJ Religious School. Be sure to fill out both sides of the form. Thank you and welcome to the BTBJ Religious School!!!**

**Please check appropriate box:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Primary – Member Rate<br>(Grades Kindergarten & First) | <input type="checkbox"/> Primary – Non-Member Rate<br>(Grades Kindergarten & First) |   |   |   |   |
| <input type="checkbox"/> Mechina<br>(Grade 2)                                   | <input type="checkbox"/> Aleph<br>(Grade 3)   | <input type="checkbox"/> Bet<br>(Grade 4) | <input type="checkbox"/> Gimel<br>(Grade 5) | <input type="checkbox"/> Dalet<br>(Grade 6) | <input type="checkbox"/> Hay<br>(Grade 7) |

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First

Hebrew Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address & City \_\_\_\_\_ Zip Code \_\_\_\_\_

Secular School \_\_\_\_\_ Grade (as of September 2018) \_\_\_\_\_

Previous Jewish Education (if not BTBJ) \_\_\_\_\_

Siblings (Name, Age) \_\_\_\_\_

**\*\*\*\* Please indicate which phone number we should call first (with a star next to the phone number) \*\*\*\***

Parent/Guardian 1 Name (including title)	Parent/Guardian 2 Name (including title)
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Business Phone _____	Business Phone _____
Occupation	Occupation
Email Address (for communicating religious school updates)	Email Address (for communicating religious school updates)

Marital Status	To whom should mail and email be sent?
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**VITAL DATA FORM**

**EDUCATIONAL INFORMATION**

Is your child receiving any special education services at his/her secular school?

If yes, please indicate the type of services/accommodations he/she is receiving.

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The following would be helpful for our teachers/staff to know (Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> wears glasses      | <input type="checkbox"/> wears contact lenses              | <input type="checkbox"/> reads below grade level                    |
| <input type="checkbox"/> overly active      | <input type="checkbox"/> difficulty with speech            | <input type="checkbox"/> difficulty focusing & sustaining attention |
| <input type="checkbox"/> hearing difficulty | <input type="checkbox"/> difficulty with comprehension     | <input type="checkbox"/> needs support in social situations         |
| <input type="checkbox"/> easily upset       | <input type="checkbox"/> difficulty copying from the board | <input type="checkbox"/> other (please explain)                     |

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**MEDICAL INFORMATION AND EMERGENCY MEDICAL RELEASE**

Is your child taking any medications?  Yes  No

If yes, please list all medications and any additional information that the school would need to know

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Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_  
Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

Do we have permission to administer the following medication if your child is not feeling well?

- |               |                              |                             |   |
|---------------|------------------------------|-----------------------------|---|
| Acetaminophen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Contact me first |
| Ibuprofen     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Contact me first |
| Benadryl      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Contact me first |

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of 2 people other than parent or guardian who can be called in case of emergency:

Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2018-19



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### **RELIGIOUS SCHOOL PERMISSION**

I give my child \_\_\_\_\_ permission to participate in walking trips and class meetings outside around the synagogue property and playgrounds. I agree to assume the risks upon such events and do hereby release and agree to hold BTBJ harmless from any responsibility for injury, loss or damage to such events. I understand that should my child have a trip off-site from BTBJ there will be a separate permission slip required for participation.

### **PHOTO & MEDIA RELEASE**

Recording events, celebrations, class progress and individual students on film is an important part of school life. We ask that you give your permission for your child(ren), you and/or your family to be included in our BTBJ photo collection, website, newsletter, Facebook page, and school publications. We also recognize that parents may take pictures or videos of school events, the use of which is beyond our control (such as parents personally posting photos or videos on the web). We ask that all families be sensitive to the desire of other parents and take down or blur out a child, if asked to do so.

BTBJ may publish photographs/images and/or quotations of members of my family.

Please check the appropriate box(es) below:

- Yes, BTBJ may publish photographs/images and/or quotations of my child, and members of my family.
- No, I do not give permission for BTBJ to publish photographs/images and/or quotations of my child, and members of my family.
- Other:

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Signature of Parent or Guardian

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Date