

Name _____

Phone _____

Please select one: Member of Beth El Unaffiliated Other

Name of Children

Grade

1. _____

2. _____

3. _____

4. _____

I am submitting a Barish Scholarship Fund application.

FOR OFFICE USE ONLY

Member # _____

Date Received: _____

Amount Received: _____

Tuition Amount: _____

Talmud Torah Religious School

STUDENT INFORMATION FORM 2009-20010 / 5769-5770

NOTE: For your child's protection, Beth El Congregation requires annual updated information for each child
PLEASE PRINT any changes and return to Beth El Congregation 1118 W Glendale Ave, Phoenix, AZ 85021

Child's Name: Last	First	Middle	Full Hebrew Name
Street Address	City	Zip	Grade in September
Child's Birth Date / /	Gender:	Name of Secular School	Home Phone
Father's Name		Mother's Name	
Father's Phone: Home _____ Work _____		Cell/Beeper _____	
Mother's Phone: Home - - _____ Work: - - _____		Cell/Beeper _____	

If your child does not live with both parents, and you would like Religious School information sent to the non-custodial parent, please also provide that address here:

Most school information is sent to parents by email. Don't forget to update us when email addresses change:

Father's _____ Mother's _____

1. Will you serve as a class parent (occasionally make phone calls and assist in your child's class for special activities)?..... Yes
2. Will you help once a year with a school function?.....Yes
3. Will you sponsor a portion of another child's tuition?..... Yes
4. Will you be a substitute teacher? If so, for what grade(s).....Yes

EMERGENCY INFORMATION (Must be completed each year!)

Doctor's Name	Address	Phone
List two alternative names/phone numbers (not yours) in case of emergency:		
Name	Relationship to child	Phone and/or Cell
Name	Relationship to child	Phone and/or Cell

I grant authority to any hospital or doctor to provide immediate medical aid for my child's health and safety. I understand that this expense will be my financial responsibility.

Parent(s)/Guardian(s) Signature _____

Date _____

Is your child on any regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what medication(s)?
Does your child have asthma or any other respiratory condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, does she/he carry an inhaler? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, to what is s/he allergic?
Does your child have any medical condition of which we should be aware? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain.
Does your child have any special learning challenges? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain.

I hereby give permission for photographs of my child to be used in Beth El publications including but not limited to the *Echo* (which is regularly published to the synagogue website) and press announcements to the *Jewish News* and the *Arizona Republic*. It is your option not to agree, but if you do not, please discuss with your child that they should not permit a photo to be taken of them at any Beth El event.

Signed _____ Date _____