



Beit Rayim Synagogue & School
 209-1118 Centre St., Thornhill, On L4J 7R9
 905.889.0276 ext. 32 Fax: 905.889-4113
school@beitrayim.org
www.beitrayim.org

MISSION STATEMENT

Beit Rayim Hebrew School is a Conservative, egalitarian, congregational school committed to Jewish education. We are devoted to inspiring our students and their families to understand and embrace our Jewish heritage, religion, tradition, language, and culture through a partnership between synagogue, school and home. Our school strives to teach girls and boys equally to become educated, committed and ethical members of the Jewish community within an atmosphere of "Derech Eretz" mutual respect and appreciation.

2010-2011 REGISTRATION FORM

Family Information:

Family Name: _____ Home Telephone #: (____) _____

Home Address: _____
Number Street Apt #

City Postal Code

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

Jewish: by birth by conversion* Jewish: by birth by conversion*

* a copy of the conversion documents may be requested to be kept on file

E-Mail for school correspondence: _____

Synagogue Affiliation: Member of Beit Rayim Synagogue
 Other synagogue: _____
 Unaffiliated

If parents are separated or divorced, please indicate child custody arrangements and any restrictions of which the school should be aware.

In case of a school cancellation, what number should we contact you at: _____

Emergency Information:

If parents cannot be contacted, please indicate whom to notify in case of emergency:

Name: _____ Relationship: _____

Tel #: _____ Cell/Pager # _____

In case of a surgical emergency, and I/we are not immediately available for consultation, I/we give permission for the treatment necessary for the health of my/our child by the physician chosen by the administration of Beit Rayim Hebrew School.

Mother's Signature: _____ Father's Signature: _____

In the event of an emergency, please indicate which parent should be contacted first and which telephone number should be called:

Mother Father Tel. # _____

PARTICIPATION IN SNACK CLUB

Beit Rayim School Council offers Snack Club every Sunday. For just \$50 per child per school year, your child will be provided with a nutritious, kosher snack every Sunday at Hebrew School. Please check off the Snack Club box on this Registration Form for each child that you want to participate in Snack Club.

KABBALAT SHABBAT SPONSORSHIP

Every month a different class "hosts" a Kabbalat Shabbat service. This is a great opportunity to share in a Friday night service with your family. Families are welcome to sponsor their child's Kabbalat Shabbat service. Donation receipts are provided for donations of \$18 or more.

STUDENT # 1:

_____ First Name _____ Last Name _____ Hebrew Name _____

Date of Birth: _____ / _____ / _____ Male Female
Day Month Year

Entering Grade _____ at Beit Rayim Hebrew School in 2010/11.

Returning Student New Student

Previous Hebrew School (if applicable): _____ Grades: _____
(Please enclose a copy of the last report card)

Entering Grade _____ at _____ in 2010/11.
Name of Elementary School

Child is Jewish: by birth by conversion*
* a copy of the conversion documents may be requested to be kept on file

Health Card No: _____ Allergies/Medical: _____

Participation in Snack Club (\$50/Student/School Year)? YES NO

Sponsorship of Class Kabbalat Shabbat (if yes, please indicate \$ amount): _____

Placement Request:

I would like my child placed in the same class with (1 name only)

Please note: Beit Rayim Hebrew School will try to accommodate placement requests but does not guarantee any request due to other educational considerations

STUDENT # 2:

First Name Last Name Hebrew Name

Date of Birth: ____/____/____ Male Female
Day Month Year

Entering Grade _____ at Beit Rayim Hebrew School in 2010/11.

Returning Student New Student

Previous Hebrew School (if applicable): _____ Grades: _____
(Please enclose a copy of the last report card)

Entering Grade _____ at _____ in 2010-11.
Name of Elementary School

Child is Jewish: by birth by conversion*
* a copy of the conversion documents may be requested to be kept on file

Health Card No: _____ Allergies/Medical: _____

Participation in Snack Club (\$50/Student/School Year)? YES NO

Sponsorship of Class Kabbalat Shabbat (if yes, please indicate \$ amount): _____

Placement Request:

I would like my child placed in the same class with (1 name only)

Please note: Beit Rayim Hebrew School will try to accommodate placement requests but does not guarantee any request due to other educational considerations.

STUDENT # 3:

First Name Last Name Hebrew Name

Date of Birth: ____/____/____ Male Female
Day Month Year

Entering Grade _____ at Beit Rayim Hebrew School in 2010/11.

Returning Student New Student

Previous Hebrew School (if applicable): _____ Grades: _____
(Please enclose a copy of the last report card)

Entering Grade _____ at _____ in 2010-11.
Name of Elementary School

Child is Jewish: by birth by conversion*
* a copy of the conversion documents may be requested to be kept on file

Health Card No: _____ Allergies/Medical: _____

Participation in Snack Club (\$50/Student/School Year)? YES NO

Sponsorship of Class Kabbalat Shabbat (if yes, please indicate \$ amount): _____

Placement Request:

I would like my child placed in the same class with (1 name only)

Please note: Beit Rayim Hebrew School will try to accommodate placement requests but does not guarantee any request due to other educational considerations.

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Interested in the School Council or in Volunteering?

Our School Council is the “voice” of our Hebrew School parents and plays a key role in helping to make the Hebrew School even better for your children. Whether you want to be on the Council and/or volunteer your time (e.g. make phone calls to let families know about snow days) your contribution is warmly welcomed and needed.

Please check this box if you’d like more information

Parent’s name: _____

Carpool Information (Optional):

Please complete the following if you would like to arrange a car pool.

I can accommodate _____ children safely. I live near: _____
Number of children Major Intersection

Circulate my name on a Car Pool List for Beit Rayim Hebrew School families: yes no

Other Information (Optional):

Describe any learning or behavioural challenges that have been identified or any other information you think would help us in meeting your child(ren)’s needs. Feel free to attach additional pages.

Beit Rayim Hebrew School collects a limited amount of personal information about its students, families and staff. The information is collected for the purpose of communicating information about Beit Rayim activities, programs and policies to families of the school. Information will be shared with school staff on an as needed basis only. Beit Rayim Hebrew School endeavours to keep accurate and up to date information and will not share identifiable personal information with outside organizations without your permission.

Payment Options:

Please choose one of the following options:

- Lump Sum Payment
- Post-dated Cheques
- Post-dated Credit Card (Form attached)

Calculation of Payments:

If you are using a post-dated option, you may wish to complete this form. Refer to page 5 of the information package to find the correct schedule.

- Priority Registration, Schedule 1
- Regular Registration, Schedule 2
- Late Registration, Schedule 3

	Grade	Deposit	July 1	Aug 1	Sept 1	Oct 1	Nov 1	Dec 1	Total
Student #1									
Student #2									
Student #3									
Sub-total									
Snack Club (\$50/child. Due same time as Deposit)			X	X	X	X	X	X	
Kabbalat Shabbat Donation			X	X	X	X	X	X	
General Donation			X	X	X	X	X	X	
Sub-total									
Credit Card Admin Fee (3%)									
Total									

I understand and agree to the terms of this application.

Parent Signature

Date: _____

Parent Signature

FOR OFFICE USE ONLY:

Date Application Received: _____

Payment Method: Visa MasterCard Cheque Cash
 Full Payment Post-dated F.D.

Outstanding Information: _____

Invoice #: _____ If F.D., date application forwarded to committee: _____

Entered in Database: Fully Registered Reservation Wait List

Assigned to Class: Student #1 yes no Grade: _____
Student #2 yes no Grade: _____
Student #3 yes no Grade: _____

Recorded by: _____ Date: _____