

The Barbara and William B. Thalhimer, Jr.

Religious School/Midrasha Registration Form 2014-2015

We are thrilled that your child(ren) will be joining us for another year of fun and learning. Please note that the form must be filled out once for each student that is newly enrolled. If you have more than one student to enroll, you may write “same” for information that is the same on subsequent forms filled out. If you have any questions about using this form, don't hesitate to contact Lori Lacy at [l.lacy@bethahabah.org](mailto:l.lacy@bethahabah.org). If you have questions about Religious School please contact our Education Director, Ramona Brand at [r.brand@bethahabah.org](mailto:r.brand@bethahabah.org).

**Student Information**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please use legal name)*

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Grade level at Beth Ahabah this fall \_\_\_\_\_ Grade in secular/day school \_\_\_\_\_ *(if different)*  
Name of school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Does this student have an IEP (Individual Educational Plan)? \_\_\_\_\_\_\_

If yes, we ask that you send us a copy or attach a letter specifying any accommodations that we need to make in order to

serve this student effectively. Please detail any physical, emotional or learning needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

What Jewish activities does your child participate in outside of Congregation Beth Ahabah? Check all that apply.

\_\_\_\_ Camp *(please indicate name in notes below)*

\_\_\_\_ Maccabi Games

\_\_\_\_ BBYO

\_\_\_\_ Other *(please list in notes below)*

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Congregation did you belong to before becoming a member of Beth Ahabah?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you new to Richmond? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, would you like to be connected to Beth Ahabah families with children of the same age as in your family?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Information**

1. Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(required)*

Address *(if different from above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does student reside at this address 50% or more of the time? \_\_\_\_\_  
Names of step-parents, grandparents, or additional guardians, if any in the household:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Telephone Numbers *(if different from Parent 1)*:

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(required)*

Address *(if different from above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does student reside at this address 50% or more of the time? \_\_\_\_\_  
Names of step-parents, grandparents, or additional guardians, if any in the household:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Physician’s Name/Name of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan/Group# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Medical or Food Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child come to school with an epipen? \_\_\_\_\_

If so, does child know how to administer epipen? \_\_\_\_\_

**Emergency Contact and Release Information**

**Alternate Emergency Contact Information**

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up

my child.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release Information**

In the event of a medical emergency involving my child, I hereby authorize Congregation Beth Ahabah to take necessary measures to have my child treated. It is understood that this will be done only after all reasonable efforts have been made to contact my physician and parent/legal guardian.  
  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

To read the entire policy please go to <http://76.12.70.4/documents/photopolicy2011.pdf>.

\_\_\_\_ I give permission for pictures of my child(ren) to be used in the following manner: Beth Ahabah’s webpage, Flickr, local newspapers, Beth Ahabah’s Bulletin.

\_\_\_\_ Even though I will NOT be identified by name, you may NOT publish my child’s photograph in any large group photograph *(more than 10 people in the photograph)*.

\_\_\_\_ Even though I will NOT be identified by name, you may NOT publish my child’s photograph in any individual or small group photograph *(10 or fewer people in the photograph)*.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip Release**

\_\_\_\_ I give permission for my child to attend field trips with Congregation Beth Ahabah or youth groups.

\_\_\_\_ I prefer to give my child permission on a case by case basis.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

No one is turned away from Congregation Beth Ahabah on the basis of demonstrated financial need so if you need special arrangements made, please contact Russell Finer, Executive Director, by July 31st at [r.finer@bethahabah.org](mailto:r.finer@bethahabah.org)

or 804-358-6757.

### CLASS COSTS:

**Preschool (3-4-year olds), First Steps Into Judaism** – $175.00 each child

class meets every other Sunday, temple membership is not required for your child to attend

**K-7th grades,** **Religious School** – $400.00 first child, $350 each additional child

**8th-10th grades, Monday Midrasha** – $425.00 first child, $375.00 each additional child *(dinners included)*

**11th-12th grades, Teen program** – $100.00 each child

**3rd-6th grades,** **Midweek Hebrew** – $175.00 each child, with Sunday School registration

**CLASS OPTIONS *(check all that apply)*:**

\_\_\_\_ First Steps Into Judaism: 3-4-year olds ($175.00 each child)

\_\_\_\_ K-7th grade Religious School ($400.00 first child, $350.00 each additional child)

\_\_\_\_ 8th-10th grade Monday Midrasha ($425.00 first child, $375.00 each additional child) *(dinners included)*

\_\_\_\_ 11th-12th grade Teen Program ($100.00 each child)

\_\_\_\_ Midweek Hebrew ($175.00 each child, with Sunday School registration)

**Total for this student $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I WILL BE PAYING BY:**

\_\_\_\_ Credit Card: Full amount required. Fill out the Credit Card Sale form below.

\_\_\_\_ Check: Full amount required. Make payable to Congregation Beth Ahabah.

\_\_\_\_ I would like to add $25 to my total cost for the Beth Ahabah Tuition Assistance Fund

If you need financial assistance with tuition please contact Executive Director Russell Finer at [r.finer@bethahabah.org](mailto:r.finer@bethahabah.org),

or call the Temple office at 804-358-6757 before registering your child.

**Please return this form to:**  
Congregation Beth Ahabah  
1111 W. Franklin Street, Richmond, VA 23220

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**CREDIT CARD SALE**

NAME *(exactly as it appears on the credit card)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_ DISCOVER

ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP DATE \_\_\_\_\_\_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_\_\_\_\_\_

AMOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHARGE: Religious School Dues for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD BILLING ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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