

**BETH TIKVAH RELIGIOUS SCHOOL**  
**2015-2016 STUDENT RESERVATION AND DEPOSIT FORM**

**(For Returning Students – This is the enrollment  
form if there are no changes from last year)**

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

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student name(s) and grade(s) in September:

***Deposit required:***

\$200 x \_\_\_\_\_ students registered = \$ \_\_\_\_\_  
☐ # of returning student(s) \_\_\_\_\_ ☐ # of new student(s) \_\_\_\_\_

- Please make check payable to Beth Tikvah Synagogue
- Please mail check and form to the following address:  
Beth Tikvah Synagogue  
PO Box 1042  
Westborough, MA 01581  
ATTN: Religious School
- You may email the form to Cindy Avergon, [cavergon@aol.com](mailto:cavergon@aol.com)

**BETH TIKVAH RELIGIOUS SCHOOL**  
**2237/4238 STUDENT REGISTRATION**

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Entering Public School Grade \_\_\_\_\_

Parent's /Guardian's Names:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mother's  
Address: \_\_\_\_\_

Street City Zip Phone

Business  
Address: \_\_\_\_\_

Street City Zip Phone

Mother's cell phone/pager#: \_\_\_\_\_

Mother's E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Father's  
Address: \_\_\_\_\_

Street City Zip Phone

Business  
Address: \_\_\_\_\_

Street City Zip Phone

Father's Cell phone/pager # \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_

Preferred contact: ☐ email \_\_\_\_\_ ☐ Phone \_\_\_\_\_

**BETH TIKVAH RELIGIOUS SCHOOL**

**MEDICAL INFORMATION**  
**4237/4238 SCHOOL YEAR**

**Name of Student:**

\_\_\_\_\_

**Grade:** \_\_\_\_\_

**ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL**

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked in writing by a parent or guardian:

If injury or illness is minor, give child first aid? YES \_\_\_\_\_ NO \_\_\_\_\_

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist to be contacted? YES \_\_\_\_\_ NO \_\_\_\_\_

Physician: \_\_\_\_\_

Name	Address	Phone #
Dentist: _____		

Name	Address	Phone #
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Call an ambulance: YES \_\_\_\_\_ NO \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

If you cannot be reached in case of an emergency, person(s) to be notified:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

**BETH TIKVAH RELIGIOUS SCHOOL**

**MEDICAL INFORMATION**  
**4237/4238 SCHOOL YEAR**

**Name of Student:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my physician. I understand that I am responsible for any related expenses.

\_\_\_\_\_  
Parent's Name (Please print)

\_\_\_\_\_  
Parent Signature

**BETH TIKVAH RELIGIOUS SCHOOL**

**STUDENT ACADEMIC PROFILE (if applicable)**  
**FOR NEW STUDENTS OR FILL ANY CHANGES FROM**  
**LAST YEAR.**  
**4237/4238'SCHOOL YEAR**

**Name of Student:**

**Grade:** \_\_\_\_\_

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

Has your child's learning style and needs been formally evaluated? YES NO

Does your Child have an IEP or 529? YES NO

- If yes, please provide a copy to the Religious School Coordinator.

Please provide specific information that will assist the teachers in affording your child every opportunity for success in his/her studies:

Describe any characteristics of your child's learning style, behavior, and/or social interaction that you would like to share with his/her teachers.

Describe your child's strengths

Describe areas in which your child may need extra support

**BETH TIKVAH RELIGIOUS SCHOOL**

**STUDENT SPECIAL NEEDS PLAN (if applicable)**  
**FOR NEW STUDENTS OR FILL ANY CHANGES FROM**  
**LAST YEAR.**  
**4237/4238 SCHOOL YEAR**

**Name of Student:**

**Grade:** \_\_\_\_\_

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(Please fill out the first part of this form and then meet with the Director)

Name of Student: \_\_\_\_\_

Names of Parent: \_\_\_\_\_

My child, named above, has the following special medical, educational, emotional, social, or behavioral needs that may limit his or her ability to fully participate in activities at Beth Tikvah Religious School, or that may require special precautions or accommodations:

I authorize the following health care professionals, schools or service providers to provide records and/or discuss the matters listed above with the Education Coordinator, Cindy Avergon:

\_\_\_\_\_  
Name (Print): \_\_\_\_\_ Name (Sign): \_\_\_\_\_

Date: \_\_\_\_\_

*(The remainder of this form is to be filled out by the Director and approved by the parent)*

After reviewing the above information, we agree that the School will use reasonable efforts to implement the following special needs plan:

Parent (Sign): \_\_\_\_\_

Date: \_\_\_\_\_

# ALLERGY ALERT

**For new students or fill in any changes from last year.**

**2015 - 2016 School Year**

**This information will be shared with your child's teachers.**

Please complete this form if your child is allergic to any particular foods, insect bites, drugs etc.:

Name of child \_\_\_\_\_

Grade \_\_\_\_\_

Allergy \_\_\_\_\_

Please provide any information that could be useful in preventing your child from exposure:

Please provide any vital information that could be useful should your child accidentally eat food, get an insect bite, etc to which he/she is allergic:

**BETH TIKVAH RELIGIOUS SCHOOL**

**PHOTO RELEASE FORM**

I , \_\_\_\_\_

Parent/Guardian Name

☐ give / ☐ do not give permission to Beth Tikvah to print any photos of my child/children

\_\_\_\_\_  
Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

☐ give / ☐ do not give permission to Beth Tikvah to print the names of my child/children

\_\_\_\_\_  
Child/Children's names

on our Beth Tikvah website, in brochures, newspaper articles, electronic media, or any other publications.

Parent's/ Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_



**BETH TIKVAH TUITION RATES**  
**2015 – 2016 School Year**

Gan/Kindergarten – Meets Sunday mornings 9 – 10:30 AM	\$300
Grades 1/2 – Meets Sunday mornings 9 AM - Noon Tuition and materials - members	\$800
Grades 3-7 – Meets Sun. Morn. 9AM – Noon, Wed. Aft. 4 – 6 PM Tuition and materials - members	\$1100
Grades 8/9 – Meets Sunday morning 9 – 10 AM, Madrachim program 10 AM – Noon Tuition and materials - members	\$300
Grades 10 – 12 TBD	
Non-member surcharge grades 1/2:	\$450
Non-member surcharge grades 3-5:	\$600
Non-member surcharge grade 8 and up:	\$100

Note: membership is required to enroll students in grades 6 and 7.