**HEBREW SCHOOL REGISTRATION – 5780 (2019-2020)**

**BRATTLEBORO AREA JEWISH COMMUNITY -- CONGREGATION SHIR HEHARIM**

Parent(s) or Guardian(s) Name, Street Address, Email and Phone:

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If parent or guardian can’t be reached in an emergency, what physician or person should we contact, at what phone #?

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In the event that my child becomes ill or is injured, I hereby authorize emergency medical care and the contact of the above-named

physician on my behalf.

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize use of photos of my child involved in school or shul activities on BAJC’s Facebook page, website,

newsletter, weekly messages. (Names will not be used with images on electronic media.)

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**:

Name of student #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age in September 2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and grade of secular school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age in September 2019:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and grade of secular school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student #3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age in September 2019:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and grade of secular school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LET US KNOW ABOUT ANY SPECIALS NEEDS A CHILD MAY HAVE INCLUDING ANY MEDICAL OR EDUCATIONAL ACCOMMODATIONS THAT MAY BE NEEDED.** You are also encouraged to speak directly with your student’s teacher about the situation.

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**Please email this form to [diane.shamas@gmail.com](mailto:diane.shamas@gmail.com) or send to PO Box 2353, Brattleboro 05303 ASAP . Tuition is $350 per child and should be paid in full prior to the first day of school (September 8th). Checks should be made out to BAJC and mailed to the same address. Please note that the check is for Hebrew school. Questions about scholarship should be directed to [faithschuster85@gmail.com](mailto:faithschuster85@gmail.com).**