

CONGREGATION SHIR HEHARIM

Brattleboro Area Jewish Community

PO Box 2353, Brattleboro, VT 05303

Phone: 802-257-1959 or 464-2632 E-mail: schuster@sover.net

President: Paul Berch

Spiritual Leader: James Levinson

Hebrew school co-ordinator: Mara Novak 802-875-1015; mara@vermontel.net

SCHOOL REGISTRATION FOR 5768

Registration form and one-half the tuition is required prior to the first session in September unless special arrangements have been made prior to that time.

For BAJC members--TUITION AND SUPPLIES: first child: \$210, siblings: \$170 each

For people who are not BAJC members--TUITION AND SUPPLIES : first child:\$420; siblings: \$340 each

Student #1: Name_____ Hebrew name_____

Birth day_____ Age in September_____

Name of "regular" school and grade_____

Student #2: Name_____ Hebrew name_____

Birth day_____ Age in September_____

Name of "regular" school and grade_____

Student #3: Name_____ Hebrew name_____

Birth day_____ Age in September_____

Name of "regular" school and grade_____

Student #4: Name_____ Hebrew name_____

Birth day_____ Age in September_____

Name of "regular" school and grade_____

TUITION DUE:_____ TUITION PAID_____ DATE_____ BALANCE_____

PLEASE BE SURE TO FILL OUT INFORMATION ON THE BACK OF THIS PAGE

Names of parents or guardians_____

Address _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____

IF YOU WANT ADDITIONAL CONTACT AT A SECOND ADDRESS, PLEASE SUPPLY INFORMATION BELOW:

Name _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____

PERSON(S) TO CONTACT IN AN EMERGENCY:

Name _____ Relationship _____ Phone _____

Physician _____ Phone _____

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 _____ Date _____

FIELD TRIP PERMISSION

I hereby give permission for my child to attend field trips sponsored by the Brattleboro Area Jewish Community during the school year. (Note: Parents will be informed of field trips in advance of the date.) I empower the Brattleboro Area Jewish Community School or their agents to act for me in accordance with their best judgment in case of an emergency. It is my understanding that all accidental health care and medical attention needed while on a trip will be billed to the student's parents or guardians.

signature of parent or guardian _____ Date _____

OFFICE RECORDS

Amount paid: _____ Date: _____ Check #: _____ Balance due: _____

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