



Congregation Beth Shalom

RELIGIOUS SCHOOL ENROLLMENT FORM 2011-2012/5772

ALL FIELDS ON THIS FORM ARE REQUIRED. FORMS WILL NOT BE PROCESSED IF NOT COMPLETE.

STUDENT INFORMATION:

Student 1 First and Last Name: _____ Grade as of 9/11: _____ DOB: _____

School: _____ Student E-mail: _____

Student 2 First and Last Name: _____ Grade as of 9/11: _____ DOB: _____

School: _____ Student E-mail: _____

Student 3 First and Last Name: _____ Grade as of 9/11: _____ DOB: _____

School: _____ Student E-mail: _____

PARENT INFORMATION:

Parent 1: _____

Parent 2: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Parent E-mail 1: _____

Parent E-mail 1: _____

Cell phone 1: _____

Cell Phone 2: _____

Home phone 1: _____

Home Phone 2: _____

Work phone 1: _____

Work Phone 2: _____

Child(ren) Residing With: _____

EMERGENCY INFORMATION:

Emergency Contact Person: _____

Dr. Name: _____

Relationship to Student: _____

Dr. Phone: _____

Cell Phone Number: _____

Insurance Company: _____

Daytime Number: _____

Policy Number: _____

HEALTH AND EDUCATIONAL INFORMATION:

This information is being requested in order to better serve your child. This information will be kept confidential and shared only with necessary staff. If you have more than one child enrolled, please indicate child 1, 2, or 3 per above. **Please attach additional information if needed.**

Allergies: _____

Learning or other needs: _____

Are you interested in carpooling? Yes ___ No ___

You may use the return envelope provided or drop off your forms at
Congregation Beth Shalom, 6800 35th Ave NE, Seattle, WA 98115

ADDITIONAL INFORMATION AND PERMISSIONS:

CHILD(REN)'S NAME(S): _____

PARENT(S) NAME(S): _____

MEDICAL RELEASE

____ Please initial here to agree to the following statement: "In the event of an emergency, I authorize Congregation Beth Shalom, its officers, agents and employees to administer first aid and/or transport my child(ren) to a physician or hospital, and I consent to emergency medical treatment for my child if a parent, guardian, or emergency contact cannot be reached."

LIABILITY WAIVER

____ Please initial here to agree to the following statement: "I/we hereby release Congregation Beth Shalom, its officers, agents, and employees from all liability for injuries, illness or property damage resulting from child's participation in all department of education programs, including school and youth group activities, and agree not to make any claim or demand against them for any or all losses or damages to student's person or property."

PERMISSION FOR PHOTOGRAPHS AND PUBLICITY

____ Please initial here to allow us to put pictures of your child(ren) on our Beth Shalom Website or other publicity materials for educational and advertising purposes.

PARENT PARTICIPATION

Please check below if you are interested in the following opportunities:

____ Serving on the Religious School Committee

____ Volunteering to be a room parent

____ Volunteering to help with a class/school project

____ Volunteering with organizational projects for the religious school

PARENT/GUARDIAN SIGNATURE(S):

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREE TO ALL OF THE ABOVE. YOUR CHILD'S REGISTRATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE.

PARENT'S SIGNATURE

PARENT'S PRINTED NAME

DATE

PARENT'S SIGNATURE

PARENT'S PRINTED NAME

DATE



Youth Group Membership Application

5772 (2011-2012)

ALL FIELDS ON THIS FORM ARE REQUIRED. FORMS WILL NOT BE PROCESSED IF NOT COMPLETE.

Member's name (1): _____
 Date of Birth _____ Grade in 9/11: _____ School: _____
 Member's name (2): _____
 Date of Birth _____ Grade in 9/11: _____ School: _____
 Member's name (3): _____
 Date of Birth _____ Grade in 9/11: _____ School: _____

YOUTH INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

Youth (1) E-mail Address: _____ Youth (1) Cell Phone #: _____

Youth (2) E-mail Address: _____ Youth (2) Cell Phone #: _____

Youth (3) E-mail Address: _____ Youth (3) Cell Phone #: _____

I am interested in the following types of activities: _____

PARENT INFORMATION:

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number: _____ E-mail: _____

Parent/Guardian Phone Number: _____ E-mail: _____

Parent/Guardian Work and Cell Phone Numbers: _____

Parent/Guardian Work and Cell Phone Numbers: _____

BETH SHALOM HAS FOUR DIFFERENT YOUTH GROUPS, BASED ON GRADE LEVEL.

Youth Group	Grades	Annual Membership Rate
United Synagogue Youth (USY)	9 th -12 th	\$75
Kadima (RS student)	6 th - 8 th	included in RS tuition
Kadima	6 th - 8 th	\$55
Chaverim (RS student)	4 th - 5 th	included in RS tuition
Chaverim	4 th - 5 th	\$45
Matanot (RS Student)	2 nd - 3 rd	included in RS tuition
Matanot	2 nd - 3 rd	\$45

Membership is **required** in order to participate in all chapter, regional and international programs.

Please send this form with your check to Congregation Beth Shalom, 6800 35th Ave NE, Seattle, WA 98115. For more information about our Youth Department, please contact Irit Eliav, Director of Education, at (206) 524-0075 x2503 or Iriteliv@bethshalomseattle.org.