



August 2016

Dear Families,

We are finalizing plans for the coming school year and look forward to being a vital part of your child's Jewish education. You can expect exciting initiatives for young children, individualized Hebrew learning for the older students, including an online component, and a Sunday school morning schedule designed to best meet the educational needs of all the children.

Please take a few minutes to complete and return the enclosed registration form. Checks should be made out to **Congregation Beth David** and forms and checks can be mailed to Congregation Beth David, 102 Kingstown Rd, Narragansett, RI, 02882. Contact Harris Chorney at [hrchorney@verizon.net](mailto:hrchorney@verizon.net) if you would like to make by credit card. (A 3% additional amount will be charged to cover processing costs.)

If you would like to discuss payment plans or financial assistance, please contact Steven Garfinkel, CBD Treasurer at [garfinkelstephen@gmail.com](mailto:garfinkelstephen@gmail.com) or (401) 783-9061.

The school tuition for the 2016-17 school year is as follows:

Grades K-3: \$150/child with Congregation Beth David membership

Class meets Sundays from 10:45am to 12:15pm.

Grades 4-7: \$400/child with Congregation Beth David membership

Class meets Sundays from 9:00am-10:30am and Wednesdays from 4pm to 6pm.

Tuition rates for members of other synagogues are available upon request.

Please do not hesitate to contact us should you have any questions. We look forward to a fantastic school year with your family.

Sincerely,

Lisa Ahava and Jason Krumholz

School Committee Co-Chairs

([lisaahava@yahoo.com](mailto:lisaahava@yahoo.com) and [jkrumholz@gmail.com](mailto:jkrumholz@gmail.com))

**Congregation Beth David**  
**Hebrew School Registration Forms 2016-2017**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Public school grade (as of 9/1): \_\_\_\_\_

**If registering more than one child**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Public school grade (as of 9/1): \_\_\_\_\_

**If registering more than two children**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Public school grade (as of 9/1): \_\_\_\_\_

**PARENT INFORMATION**

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

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**NAME OF STUDENT** \_\_\_\_\_

## **PHOTOGRAPHS**

I hereby grant permission for my child's (children's) photographs to be taken and used in school publicity.

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

## **NAMES OF THOSE AUTHORIZED TO PICK UP STUDENTS, OTHER THAN PARENTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## **IN CASE OF EMERGENCY NOTIFY**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

☐

I hereby grant permission for Congregation Beth David Hebrew School to call our family physician in the event of an emergency if I cannot be reached. If my family physician cannot be contacted, the school may call another physician, or take my child to the South County Hospital Emergency Room.

Family physician name \_\_\_\_\_ Phone: \_\_\_\_\_

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

**NAME OF STUDENT** \_\_\_\_\_

## **ABOUT YOUR CHILD**

The following information is solely for the purpose of helping us better serve your child and keep your child safe during school. This information will be held in the strictest confidence and is for school use only.

Does your child have an IEP (Individualized Educational Plan) and/or IHCP (Individualized Health Care Plan) at his/her public school?

☐ **IEP only**

☐ **IHCP only**

☐ **Both**

**Special Health Care Needs**, to include allergies, asthma, physical, developmental/cognitive, and emotional health needs (include a separate sheet if necessary) or attach IEP or IHCP.