



**Temple B'nai Abraham Religious School  
200 East Lothrop Street  
Beverly, MA 01915  
978-927-3211**

WELCOME! Our goal is to provide the knowledge that will allow your child to become a part of the Jewish community. Parents, Jewish and non-Jewish, are welcome to visit our school, to volunteer and to communicate your concerns and your child's needs to us frequently and openly. We cannot do our job without your support. We encourage you to discuss the ongoing events and programs of the school with your child each day.

The family is an essential part of each child's education, and we hope that you will help us make this special for your child by sharing your own Jewish experiences and volunteering your time and talents at our family programs.

We strongly urge you and your family to join us at services, be it Friday evening, Saturday morning, Junior Congregation/Tot Shabbat, or minyan services, and for holiday observances at the Temple.

We thank you for choosing Temple B'nai Abraham to help you foster a Jewish identity for your children, and we look forward to having you join our Jewish community.

**Sunday, September 12, 2010 at 9 am:**

**First day of school with an assembly for children, teachers and parents**

B'shalom,

Deborah Schutzman-Vozella, Education Director/Executive Director

## TEMPLE B'NAI ABRAHAM RELIGIOUS SCHOOL REGISTRATION 2010-2011

Student's English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Please include the child's Hebrew name. If you do not know it or if the child does not have one, please contact Deb Schutzman-Vozella, 978-927-3211, ext.14, or deb.vozella@tbabevery.org

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade as of September 2010: (please circle) K 1 2 3 4 5 6 7 8 9 10

Father's English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Mother's English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_

May we add your child's name & family's contact information to the school directory? YES NO

May we use your child's photograph for promotional purposes (brochures, web, etc)? YES NO

Temple B'nai Abraham Members? YES NO (Temple membership is required for grades 3 -7)

| Tuition              | TBA Member | Non-Member | Subtotal |
|----------------------|------------|------------|----------|
| Kindergarten/Grade 1 | \$420      | \$510      |          |
| Grade 2              | \$570      | \$660      |          |
| Grades 3-7           | \$725      | -----      |          |
| Book Fee (K-7)       | \$25       | \$25       |          |
| Confirmation         | \$300      | \$355      |          |
| <b>TOTAL</b>         |            |            |          |

June 1, 2010: Registration opens

August 10, 2010: Full tuition due (unless arrangements are made with the treasurer)

**If parents are divorced or separated, please complete the following:**

Custodial Parent's Name \_\_\_\_\_

Do you wish all mailings regarding the child go to both parties? YES NO

Father's mailing address \_\_\_\_\_

Mother's mailing address \_\_\_\_\_

**TEMPLE B'NAI ABRAHAM RELIGIOUS SCHOOL 2010-2011  
EMERGENCY MEDICAL INFO & RELEASE**

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

Mother's Name \_\_\_\_\_

Phones: H \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Father's Name \_\_\_\_\_

Phones: H \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

|                                  |
|----------------------------------|
| Medical Insurance Company _____  |
| Policy number _____              |
| Policy Holder's Name _____       |
| Dr.'s Name, address, phone _____ |
| _____                            |

**In the event that neither parent can be reached, please designate a responsible party to be called.  
(Please make them aware of this as well)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones \_\_\_\_\_

|   |
|---|
| If your child is currently taking any medication for any condition, receiving treatment for a medical condition, or has any allergies, please explain:<br>_____<br>_____<br>_____ |
|---|

**If for any reason I cannot be reached in a medical emergency, I hereby authorize Temple B'nai Abraham to transport my child to the nearest hospital for the necessary medical treatment.**

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

# TEMPLE B'NAI ABRAHAM HEBREW SCHOOL 2010-2011

## Vital Information

(This form must be completed each year)

**Please tell us about your child**, i.e. learning preferences, social skills, anything that will help us to teach him/her in the best possible way. Please use this space to list any information that will be useful to the school in its effort to ensure a positive learning environment and to maximize the potential of each child. (For example, learning difficulties, health problems, allergies, talents you wish us to nurture, special family situations including joint custody, death, intermarriage, etc.)

**This information will be kept confidential.**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Secular School Name \_\_\_\_\_