Congregation Betenu Religious School Registration Form 2022-2023 School Year

Student's Name(s):	Date of	Birth	School grade Sept 2022	
				
Student's Address:				
Parent(s) or Guardian(s): Name	Relationship		dress if different from student	
Home Phone Number(s): M		Fat	her	
Cell phone number: Mother		Fatl	Father	
E-mail Address: Mother		Fath	Father	
Emergency Contact if parer	nt(s)/guardian(s) not a	vailable:		
Phone Number:	e Number: Re		nship	

Note: Your child will not be dismissed to any person other than those written on this form. If your child is to be picked up by anyone else, a written note must be brought in on the day of dismissal.

Name of Student's Doctor:	Phone number
Health Plan:	
Subscriber/Group ID number:	
Student's Health issues, including allergies:	:
In the event of an emergency during Sund treating my child to perform any procedu welfare of my child(ren).	day school, I authorize the doctor or hospital re deemed necessary for the health and
Parent signature	
<u>Date</u>	
	nd Congregation Betenu Religious School untiloal. All of the following sections must be filled
Please choose at least three of the followin	g volunteer opportunities/activities below
that you are able to help with in order of p	
Annual meeting preparations	
High holiday preparations	
Other holiday/seder celebrations	•
Parent/member communication	_
Office assistance	-
Newsletter	
Budget & Finance	
Membership	
Education	
Religious Practices	
Youth Activities	
Publicity	
Publicity Long-range Planning	
Temple Activities	
Temple Activities	
Building & Grounds	
Fundraising Ones Shakhet contact	
Oneg Shabbat contact	
Down Payment: Amount Received	Date