



10001 LOVELAND-MADEIRA ROAD
 LOVELAND, OHIO 45140
 (513) 985-0400 phone; (513) 686-2672 fax
www.bethadam.org www.OurJewishCommunity.org

2010- 2011 RELIGIOUS SCHOOL REGISTRATION FORM

Membership Family Name: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

If you are registering more than one child, please calculate the appropriate fee.

Religious School Fees: *In addition to annual membership fees*

- One Child: \$165.00
- Two Children: \$300.00
- Three Children or more: \$435.00
- Each additional child add: \$135.00
- Grades 8 through 12 \$100.00 (*meets twice a month*)

Bar/Bat Mitzvah \$750.00 (*must also be registered for Sunday School*)
Parents may pay both years of Bar/Bat Mitzvah Fees in full and in advance (\$1,350) and save 10%
 Children (3 and Under) \$ 50.00 /Year (or) \$10.00 per week per child on an as needed basis

<i>Student's Name With last name if different than primary member</i>	<i>Birthday</i>	<i>School Grade 2010-11</i>	<i>Bar/Bat</i>	<i>Teens (Gr. 8 – 12)</i>	<i>Fee</i>
1					
2					
3					
4					
<i>Annual Contribution</i>					
<i>Campaign Donation</i>					
				TOTAL :	

Please make checks payable to Congregation Beth Adam.

We encourage you to pay your Religious School fees in full before the start of the school year. If that is not possible, you may pay incrementally with all fees being paid in full by the end of the fiscal year (June 30, 2011)

***The deadline for Religious School applications is Friday, August 27 2010.
 We look forward to seeing you on September 12, 2010!***

Stay tuned to hear about our exciting opening day program!



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2010-11 EMERGENCY CONTACT/PERMISSION SLIP FORM
Please Duplicate for Each Child

PARENTS' FIRST AND LAST NAMES: _____
CHILD'S NAME: _____

IN AN EMERGENCY CALL THIS NUMBER FIRST:
CELL PHONE: _____

EMERGENCY MEDICAL INFORMATION

If there is an emergency and I am unavailable/unreachable, Beth Adam Religious School is authorized to seek medical care from:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Other Emergency Contact Person: _____ Phone: _____

Relationship: _____ Hospital: _____

Allergies/Medical conditions or anything special we should know about your child? Please specify by child: _____

Does your child have an IEP at school? _____
If so, are you willing to share that IEP and/or other relevant information with Rabbi Baum? _____
We will, of course, honor your confidentiality.

Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM
Congregation Beth Adam Religious School: 2010-11 School Year

My Child: _____

has my permission to participate in off-site group activities with their Beth Adam Religious School class. Additionally, my child/children has/have permission to go by private car with Beth Adam Religious School class to any off-site activity.

Signed: _____ Date: _____

This permission slip is in effect for the Beth Adam Congregational Year: July 1, 2010 through June 30, 2011.

