

## Beth Sholom Congregation

### Religious School Registration - 2009/20010

Please complete and return this form no later than March 1, 2009, with the registration fee to:  
 Beth Sholom of Frederick, 1011 North Market Street, Frederick, MD 21701  
 301-663-3437 • 301-663-8154 Fax

#### FAMILY INFORMATION

Parent 1 - Last Name	First Name	M.I.	Work Phone	Occupation
Parent 1 - Address	City	State	Zip Code	Email address
Parent 2 - Last Name	First Name	M.I.	Work Phone	Occupation
Parent 2 - Address	City	State	Zip Code	Email Address

#### CHILD 1 - INFORMATION

Name	Hebrew Name (if known)	Date of Birth	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
Prior Religious Education <input type="checkbox"/> Beth Sholom <input type="checkbox"/> None <input type="checkbox"/> Other (please elaborate):			
Special medical and/or learning needs?			

#### Child 1 Enrollment Information

Please circle one: Kindergarten 1st grade 2nd grade 3rd grade 4th grade 5th grade  
 6th grade 7th grade 8th grade 9th grade 10th grade

#### CHILD 2 - INFORMATION

Name	Hebrew Name (if known)	Date of Birth	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
Prior Religious Education <input type="checkbox"/> Beth Sholom <input type="checkbox"/> None <input type="checkbox"/> Other (please elaborate):			
Special medical and/or learning needs?			

#### Child 2 Enrollment Information

Please circle one: Kindergarten 1st grade 2nd grade 3rd grade 4th grade 5th grade  
 6th grade 7th grade 8th grade 9th grade 10th grade Conversations

**CHILD 3 - INFORMATION**

Name	Hebrew Name (if known)	Date of Birth	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
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Prior Religious Education  Beth Sholom  None  Other (please elaborate):

Special medical and/or learning needs?

**Child 3 Enrollment Information**

Please circle one: Kindergarten 1st grade 2nd grade 3rd grade 4th grade 5th grade  
6th grade 7th grade 8th grade 9th grade 10th grade Conversations

**ADDITIONAL INFORMATION**

I wish to register my child(ren) in the Beth Sholom Religious School for the 2008-2009 school year. I enclose a **non-refundable** registration fee (see below). I agree to pay the total obligation of tuition and fees **prior to December 31, 2009**, unless Beth Sholom approves other arrangements in writing. I have also read and understand the Beth Sholom Religious School handbook.

**Please see the Religious School Handbook for registration and tuition fees.**

**PLEASE COMPLETE THE SECTION BELOW**

**CALCULATION OF FEES**

Registration Fee - Child 1 (See Handbook) \$_____	Registration Fee - Child 2 (See Handbook) \$_____	Registration Fee - Child 3 (See Handbook) \$_____	Registration Sub-total \$_____
Tuition Fee Child 1 (See Handbook) \$_____	Tuition Fee Child 2 (See Handbook) \$_____	Tuition Fee Child 3 (See Handbook) \$_____	Tuition Sub-total \$_____
Books & Materials Fee Child 1 \$40 \$_____	Books & Materials Fee Child 2 \$40 \$_____	Books & Materials Fee Child 3 \$40 \$_____	Books & Materials Sub-total \$_____

Parent Signature \_\_\_\_\_

**TOTAL OBLIGATION**

\$ \_\_\_\_\_

**CONSENT for Use of Photographs**

BSRS occasionally photographs its students engaged in school activities. Unless you withhold your permission by indication below, you consent to BSRS using photographs of your children for proper BSRS purposes. BSRS will NOT publish your child's name or other identifying information.

I do NOT grant permission