



C O N G R E G A T I O N

Beit Simcha

"Serve God with Joy"

Religious School

Registration & Consent Forms

2020-21 (5780/5781) School Year

Please complete this form for each student who will be attending Religious School.

Application Date: _____

Returning Student New Student — Referred by: _____

Student Information

FULL NAME	
HEBREW NAME (IF APPLICABLE)	
NICKNAME	
DATE OF BIRTH (MM/DD/YYYY) / /	
2020-2021 GRADE IN SCHOOL	NAME OF SCHOOL
PREVIOUS JEWISH EDUCATION (LOCATION & NUMBER OF YEARS)	
DESIRED BAR / BAT MITZVAH DATE IF KNOWN	

Individual Needs: Please describe any special learning needs. These include an IEP, 504 Plan, or anything else that can help us ensure your child has the best learning experience possible.

Special Skills: Does your child have a special skill you would like us to know about (musical instrument, interest in art, writing, cooking)?

Medical Needs: Does your child have asthma / allergies? Are there other medical needs we should know about, including epilepsy, medications carried with your child, etc.?

Parent / Guardian Information

Adult One	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Adult Two	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____
NAME		NAME	
NICKNAME, IF APPLICABLE		NICKNAME, IF APPLICABLE	
CEL PHONE ()		CEL PHONE ()	
WORK PHONE ()		WORK PHONE ()	
EMAIL ADDRESS		EMAIL ADDRESS	
PARENTAL OR GUARDIAN STATUS		PARENTAL OR GUARDIAN STATUS	
DOES THE STUDENT LIVE WITH YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES THE STUDENT LIVE WITH YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
HEBREW NAME, IF KNOWN		HEBREW NAME, IF KNOWN	

Emergency Contact Information

Please provide the contact information of a relative or friend who is authorized to pick up your child if you are not available or in an emergency.

Contact 1	Contact 2
NAME	NAME
RELATIONSHIP	RELATIONSHIP
BEST CONTACT NUMBER ()	BEST CONTACT NUMBER ()
NUMBER AVAILABLE FOR TEXT MESSAGES ()	NUMBER AVAILABLE FOR TEXT MESSAGES ()

Religious School Schedule and Annual Fees

SCHOOL REGISTRATION FEE PER FAMILY	Please check all that apply and write your child's name next to the category.	
Before June 1, 2020	\$50	
After June 1, 2020	\$100	
<input type="checkbox"/> Sunday Religious School	\$595	STUDENT'S NAME: _____
<input type="checkbox"/> Sunday Religious School (for each additional child)	\$535 each	STUDENT'S NAME: _____ STUDENT'S NAME: _____ STUDENT'S NAME: _____
<input type="checkbox"/> B'nai Mitzvah Student: Sunday Religious School & tutoring (B'nai Mitzvah year only)	\$990	STUDENT'S NAME: _____
<input type="checkbox"/> 8th Grade Sunday Class	\$550	STUDENT'S NAME: _____
<input type="checkbox"/> 9th / 10th Grade Sunday Class	\$390	STUDENT'S NAME: _____
<input type="checkbox"/> 11th / 12th Grade Sunday Class	\$390	STUDENT'S NAME: _____
<input type="checkbox"/> Torah Tykes	\$325	STUDENT'S NAME: _____
TOTAL DUE		

PAYMENT

CHECK (make payable to Congregation Beit Simcha) ACH DEBIT (voided check enclosed) CREDIT CARD (processing fee applies)

NAME ON CARD		
ACCOUNT NO.	EXPIRES	CW
	□ □ / □ □	□ □ □
STREET ADDRESS		
CITY	STATE	ZIP CODE

Signature _____ Date _____

Authorization to Treat a Minor

I/we the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed by the State of Arizona or dentist licensed by the State of Arizona and of the staff of any acute general hospital holding a current license to operate a hospital from the State of Arizona. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to transporting the student to an emergency facility or the rendering of treatment to the patient at such facility, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

YOU ARE PRESUMED TO HAVE CONSENTED TO EMERGENCY TREATMENT TO PRESERVE LIFE OR LIMB.

This consent shall remain effective until rescinded.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

REFUSED – Authorization to Treat a Minor

Complete the section below ONLY if you refuse consent for emergency medical treatment:

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to do the following:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Field Trip Permission (One Per Family)

No child may participate in a field trip without a current permission slip for the year on file at the school office. Please complete the following if you wish to give your child permission to participate in school field trips:

I give my permission for my child(ren),

NAME

NAME

NAME

NAME

to participate in school field trips during the 2020-21 (5780/5781) school year, and to ride in private vehicles to the locations of the field trips.

Parent/Guardian Signature _____ **Date** _____

Please contact me as a potential driver and parent volunteer for field trips.

Photograph Release (One Per Family)

From time to time, we take pictures of children involved in school activities to use for display in-house or on our website or promotional materials. We would like your permission for this use.

I give my permission for photographs of my child(ren),

NAME

NAME

NAME

NAME

to be used in publications of the Congregation or on the Congregation’s website for promotional purposes.

Parent/Guardian Signature _____ Date _____