



Temple B'nai Abraham Religious School  
200 East Lothrop Street  
Beverly, MA 01915  
978-927-3211/tbabeveryly.org

WELCOME! Thank you for enrolling your child in our program. We look forward to sharing our curriculum which will focus on engaging your child in an exciting and innovative Jewish education. Our goal is to give our students the tools to comfortably participate in living a Jewish life while encouraging them to find their own connection spiritually. With these goals in mind, the school's curriculum emphasizes the study of Torah and its connection to values, Jewish culture, Hebrew language and prayer. Our teachers are passionate about Jewish education and are constantly looking for new and innovative ways to connect with our students. Parents, Jewish and non-Jewish, are welcome to visit our school, to volunteer and to communicate their 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 and spiritual experiences and volunteering your time and talents at our family programs.

We strongly encourage you and your family to join us at Temple events, be it at services Friday evening, Saturday morning, Family Shabbat/PJ Library Tot Shabbat, holiday observances and Neighborhood Shabbat Dinners.

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 community.

**Sunday, September 8, 2019 at 9 am:**

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

B'shalom,

Deborah Schutzman, Education Director/Executive Director

# TEMPLE B'NAI ABRAHAM RELIGIOUS SCHOOL REGISTRATION 2019-2020

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, 978-927-3211, ext.4, or deb.schutzman@tbabeverly.org

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

Grade as of September 2018 (please circle) Pre- K K 1 2 3 4 5 6 7 8 9 10

Parent's English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Parent'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
Pre-K	FREE	FREE	
*Kindergarten	\$420	\$510	
Grade 1 & 2	\$570	\$660	
Grades 3-7	\$725	----	
Book and Snack Fee (K-7)	\$25	\$25	
Confirmation	TBA	TBA	
<b>TOTAL</b>			

**August 1, 2019: Registration opens**

**September 1 2019: Registration due with payment (you can choose to pay in full or 10 monthly payments via ACH).**

**\*Kindergarten is free for 1<sup>st</sup> year students**

**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

Parent's mailing address \_\_\_\_\_

Parent's mailing address \_\_\_\_\_

**TEMPLE B'NAI ABRAHAM RELIGIOUS SCHOOL 2019-2020  
EMERGENCY MEDICAL INFO & RELEASE**

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

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

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

Parent'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: _____ _____ _____
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**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 RELIGIOUS SCHOOL 2019-2020

## 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, IEP, 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 \_\_\_\_\_