

Temple Hillel B'nai Torah 120 Corey Street West Roxbury, MA 02132
Chaverim School Registration
education@templehbt.org - 508 314-8337

Parent Information Form

Complete ONE form per Family

Please carefully review the information we have on file for you and make any necessary changes. Please complete any missing information.

Please check all of your children you are enrolling for the 2010-2011 School Year

Home address: _____
City-State-Zip: _____

Home phone: _____

Parent #1 Information:

Full Name: _____

Home address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail Address: _____ (All School news and information will be sent here)

May we share the information above with other parents for play dates, carpools, etc.? YES___ NO___

Religious Upbringing:

Current Religion:

I would like to be a substitute teacher in the school: YES___ NO___

I would like to volunteer to be a room parent: YES___ NO___

I would like to help out with special programs: YES___ NO___

Parent #2 Information:

Full Name: _____

Home Address: _____

If parent does not live with child, should we send info to him/her as well? YES___ NO___

Home phone: _____ Cell phone: _____ Work phone: _____

E-Mail Address: _____ (All School news and information will be sent here)

May we share the information above with other parents for play dates, carpools, etc.? YES___ NO___

Religious Upbringing:

Current Religion:

I would like to be a substitute teacher in the school: YES___ NO___

I would like to volunteer to be a room parent: YES___ NO___

I would like to help out with special programs: YES___ NO___

Temple Hillel B'nai Torah ~ 120 Corey Street ~ West Roxbury, MA 02132

Chaverim School Registration

Orna Sonnenschein, Education Director

education@templehbt.org - 508 314-8337

Student Information Form

Complete ONE form per Child

Please carefully review the information we have on file for your student and make any necessary changes. Please complete any missing information.

Student Name: (First and Middle) _____ (Last) _____

Hebrew name: _____ Birthday: _____ Gender: ____

Name of Secular/Day School: _____ Grade entering in Fall 2010: ____

School Phone: _____

Student's E-Mail: _____

May we use pictures of your child (without names) on our website, brochures, etc.? YES___ NO___

Medical Plan Name: _____

Dentist Name: _____

Medical Plan #: _____

Dentist telephone: _____

MD Name: _____

MD telephone: _____

Emergency contact if parent is not available (please do NOT list parent): _____

Emergency contact phone: _____

Emergency contact cell: _____

Relationship to student: _____

In the event of a medical emergency, I authorize the staff of the Chaverim School of Temple Hillel B'nai Torah to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my son or daughter's physician.

Parent Name (Print Clearly)

Parent Signature

Date

Temple Hillel B'nai Torah ~ 120 Corey Street ~ West Roxbury, MA 02132
Chaverim School Registration
Orna Sonnenschein, Education Director
education@templehbt.org - 508 314-8337

Student Information Form - cont.

Please give us any information you feel we should know to help your child have a positive learning experience. If your child has an IEP at school, please let us know. All information is kept confidential on a need to know basis. It is truly in your child's best interest that we have all the information we need to teach them effectively. Please answer the following questions as completely as possible, even if you have given this information in the past. Feel free to use the back of the page if necessary.

Describe any medication the student takes regularly:

Does your child have any allergies to food, medication, or insects? How should we handle this?

Is there anything you think we should know about your family situation (e.g adoption, multi-racial family, etc) that will help us better meet the needs of your child?

Does your child experience any reading or language difficulties?

Is there anything else you think we should know about your child and his/her learning style?

Temple Hillel B'nai Torah ~ 120 Corey Street ~ West Roxbury, MA 02132
 Chaverim School Registration
 Orna Sonnenschein, Education Director
 education@templehbt.org - 508 314-8337

Student Registration Form

Please fill out a separate form for EACH student

Student Name: _____

Parent Names: _____

Best Phone: _____

Best E-Mail: _____

Please CHECK all the classes and activities for which you are registering your child:

| CHECK | GRADE | TUITION | Non-Member TUITION | BOOK and SUPPLY FEES |
|-------|---|----------|--------------------|-------------------------------|
| | Pre-K - Parparim | \$175.00 | \$210.00 | \$25.00 |
| | K/1 - Gan/Aleph | \$575.00 | \$675.00 | \$50.00 |
| | 2 - Bet | \$575.00 | \$675.00 | \$50.00 |
| | 3 - Gimmel | \$950.00 | N/A | \$65.00 - includes prayerbook |
| | 4 - Dalet | \$950.00 | N/A | \$50.00 |
| | 5 - Hay | \$950.00 | N/A | \$75.00 - includes bible |
| | 6 - Vav | \$950.00 | N/A | \$50.00 |
| | 7 - Zayin | \$575.00 | N/A | \$50.00 |
| | 8 - Het | \$175.00 | N/A | \$50.00 |
| | 9/10 - Siyum | \$175.00 | N/A | N/A |
| | 11/12 - Bogrim | \$175.00 | N/A | N/A |
| | Rosh Hodesh "It's a Girl Thing" Grades 6-10 | \$200.00 | \$250.00 | N/A |

MEMBERS: Please total the tuition, book/supply fees and activity fees for all of your children and place them on the HBT INVOICE (green form in membership packet). Your payment options are listed on that form. All forms and payment plans are due in the HBT office by AUGUST 9, 2010.

NONMEMBERS: Please total the tuition, book/supply fees and activity fees for all of your children and submit payments in full. Alternatively, you may submit post-dated checks in the entire amount in 2, 4 or 6 monthly payments. Please call Accounts Manager Laurie Spackman if you have questions: 617 323-0486

Please make all checks payable to Temple Hillel B'nai Torah, or HBT