

Family Last Name: _____

Bet Shira Jewish Education Center

7500 SW 120th Street Miami, FL 33156 (305)238-2606 (305) 238-5267 fax jec@betshira.org

JEC Registration Form 2010-2011

All information on BOTH SIDES of this form MUST BE COMPLETED FULLY
submit with TUITION AGREEMENT (2-SIDES), WAIVER OF LIABILITY, AND FAMILY CONTRIBUTION FORMS

Adult 1 Information

Adult 2 Information

Name _____

Name _____

Home Phone _____

Home phone _____

Cell _____

Cell _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Mailing Address _____ Zip _____

Please indicate any additional address for mailings:

Single: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Child 1

Child 2

Child 3

Name _____ M/F

Name _____ M/F

Name _____ M/F

Hebrew Name _____

Hebrew Name _____

Hebrew Name _____

Birthday _____

Birthday _____

Birthday _____

School Attending _____

School Attending _____

School Attending _____

Grade- 10-11 _____

Grade- 10-11 _____

Grade- 10-11 _____

Siblings not Registered in Bet Shira Jewish Education Center

Name _____

Age _____

Name _____

Age _____

Authorization for Release of Student from School

Please list those persons authorized to pick up your child from school.

AUTHORIZED:

NOT AUTHORIZED:

EMERGENCY PHONE NUMBERS (Please provide at least one):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PHYSICIAN _____ Phone _____

Insurance Co. _____ Contact # _____

*In the event the school is unable to reach any of the previously named persons,
I give permission for the school to have my child transported to the nearest source of emergency care.*

Parent's/Guardian's signature _____ Parent's/Guardian's signature _____ Date _____

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STUDENT PROFILE QUESTIONNAIRE

Below you will find questions that will help us better understand and plan for your child. All information given is strictly confidential.

Weekday school your child attends: _____

Previous Jewish School Experience:

Name of School(s) _____

Year(s) attended: _____

If child is new to the school, please indicate your child's general skill level in reading Hebrew and give any additional comments as needed.
_____ No background _____ Knows some letters/sounds _____ "Sounds out" words _____ Reads sentences

Comments:

Describe your child's learning strengths (i.e. reading, writing, math, the Arts, how they learn best).

Does your child(ren) play an instrument and if so, which one? _____

Describe any learning and/or behavioral difficulties your child might have (including reading, writing, attention, listening comprehension, adjusting to new situations, physical activity level, following directions, etc).

List any medications your child takes and their purpose. It is important for us to know about any medications that have been prescribed for your child for health purposes as well as any medications which may impact classroom functioning:

List any environmental allergies, food allergies, or other food restrictions below:

List any physical restrictions/limitations your child may have below:

In general, describe your child's feelings about his/her Religious School experiences:

MEDIA RELEASE FORM

I understand that my child's picture may appear in newspapers, on television, on Bet Shira Congregation and Jewish Education Center websites, in Bet Shira publications, or other communication tools to promote Bet Shira.

_____ I will allow my student(s) to be photographed and included for the purposes explained above.

_____ I will not allow my student(s) to be photographed and included for the purposes explained above.

Parent or Guardian (print name legibly)

Parent or Guardian Signature

Date

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