



**TORAH SCHOOL
REGISTRATION FORM
2010-2011 SCHOOL YEAR**

Please use a separate form for each child enrolled in Torah School

BirthDate (MM/DD/YY): _____ School Grade as of 9/2010: _____

Student's Name: Last _____ First _____

Address: _____

Home Phone: _____ Student's E-mail: _____

Mother's or Guardian's Name: Last _____ First _____

Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Father's or Guardian's Name: Last _____ First _____

Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Medical/Physical/Emotional data we should be aware of (e.g. allergies, meds, etc.):

Educational needs we should be aware of:

Emergency Contact if parent or guardian cannot be reached:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

**Torah School Registration Form(s) & Fees must be completed
and returned to Beth Or by July 31, 2010**

First child: \$ 250 = \$ _____

Each additional child: \$ 200 = \$ _____

B'nai Mitzvah Program: \$ 650 (\$ 325 per year) = \$ _____
(includes Wednesday Hebrew class and tutoring)

Teen/Confirmation Program: \$100 = \$ _____

Total: (Carry amount forward to Dues Form) = \$ _____

Parent's or Guardian's Signature: _____ Date: _____