

**Beth David Reform Congregation 2017-2018  
Religious School Registration**

Returning: \_\_\_\_

New: \_\_\_\_

**Student Information**

**Name:**

**Birthdate:**

**Secular School:**

**Grade as of 9/2017:**

**Parent One Information**

Name:

Address:

Email:

Home #

Work #

Cell #

**Medical and Allergy Information**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

I would like to share special information regarding placement and any other specific information that will help my child in his/her school experience:

**Parent Two Information**

Name:

Address:

Email:

Home #

Work #

Cell #

Younger siblings not yet in Religious School:

Name & Birthdate :

I enroll my child in Grade \_\_\_\_\_ for **September 2017**. I have enclosed a **non-refundable** deposit of **\$275.00, payable to Beth David Reform Congregation**. I understand that the balance of tuition must be paid by **the first day of school** for my child to attend.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**OFFICE USE ONLY:**

**DEPOSIT RECEIVED: \_\_\_\_\_**

**NOTES:**



## Beth David Religious School

1130 Vaughan Lane ~ Gladwyne, Pennsylvania ~ 19035 ~ Phone: 610-896-7485

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR REGISTRATION

### General Permission and General Medical Release Form 2017-2018

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

Grade: \_\_\_\_\_

I give my child permission to attend any field trips during the 2017-18 school year.

I understand that I will receive notice of each trip but this form serves as a permission form to leave the Beth David Campus for the year.

This form also authorizes the school authorities to take whatever measures they consider necessary in obtaining medical and other assistance in case of emergencies occurring during school operations and/or and field trips.

I give permission for photographs of my student to be published on the website of Beth David Reform Congregation. I understand that these photos can be viewed by anyone in the world, *but no identifying information will be displayed.*

\_\_\_\_\_  
**Parent Signature and Date**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Cell Phone Number**

\_\_\_\_\_  
**Work Number**

\_\_\_\_\_  
**Emergency Contact Name (in the event the parent cannot be reached)**

\_\_\_\_\_  
**Emergency Contact Name Phone Number**

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