



**Beth Shalom of Lake Norman Center for Jewish Learning  
Registration for 5770/2009-2010**

*I acknowledge that I am a member in good standing in order for this registration to be processed. To be in good standing all financial obligations, both past and present, between myself/ourselves and Beth Shalom or Congregation Emanuel or Temple Israel must be current*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Synagogue Membership  
 Beth Shalom of Lake Norman                       Congregation Emanuel                       Temple Israel

**Student First Name:** \_\_\_\_\_ **Last** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**Hebrew Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Secular School:** \_\_\_\_\_ **Secular School Grade as of 9/09** \_\_\_\_\_

**Parent/Guardian Name (P1):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Name (P2):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**May we publish this information in our directory?**     YES     NO

**Child resides with (circle one):**                      Both parents                      P1                      P2                      Joint custody P1 & P2

<u>Grade:</u>	<u>Day</u>	<u>Time</u>	<u>TUITION</u>
Pre-School (ages 3&4)	Thursday	4:15 – 5:45 PM	\$350
K – 5	Thursday	4:15 – 6:15 PM	\$450
6*	Thursday	4:15 – 6:15 PM	\$450
7*	Thursday	4:15 – 6:15 PM	\$450

**\*B’Nai Mitzvah Program is handled separately by Kara Tanenbaum/ Additional dates/costs will be incurred. Details TBA.**

Beth Shalom of Lake Norman  
Center for Jewish Learning

**Student Emergency Information & Release Form 2009/2010**

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

Date of Birth: \_\_\_\_\_

**Parent/Guardian (P1) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian (P2) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

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

**Medical Information:** \_\_\_\_\_

\_\_\_\_\_

**If Guardian cannot be contacted, please contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Emergency Medical Treatment**

If the legal guardian cannot be contacted in the case of a medical emergency, the Beth Shalom Center for Jewish Learning has permission to transport the above named child to the physician or hospital as designated for necessary treatment.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Field Trip**

Permission is granted for the above named child to participate in field trips planned for the Beth Shalom Center for Jewish Learning. It is understood that the Beth Shalom teaching staff and parents will supervise the field trips.

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Signature of Parent/Guardian

Date

**Photograph/Video Release**

I give permission to use the photograph/video of the minor named above for publicity, promotion, news releases, videos, and web use of Beth Shalom of Lake Norman Center for Jewish Learning. This might also apply to the written composition or visual art of the minor or myself if it is published.

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Signature of Parent/Guardian

Date

***We serve your child best if we understand his/her needs.***

All information you share will be kept strictly confidential.

**Does your child have any medical concerns (allergies, medications, etc.)? Please, be specific. \_\_\_\_\_**

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**Does your child have any learning issues that we should be aware of (ADD, ADHD, speech & language, dyslexia, developmental delay, etc.)? \_\_\_\_\_**

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**Does your child have an IEP (Individualized Education Plan) or a 504 Plan at his/her secular school?**

**Yes**

**No**

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**Is there anything else we should know about your child (temperament, strengths, friends, etc.)**

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Beth Shalom of Lake Norman  
Center for Jewish Learning

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

Parents' Names: \_\_\_\_\_

**Payment Options**

**ALL REGISTRATIONS ARE DUE July 15, 2009**  
**An earlybird discount of \$25 per registration is offered if received/ paid by JUNE 15<sup>th</sup> 2009**  
**A Sibling discount of \$10 per registration is offered for subsequent children.**

Please make checks payable to 'Beth Shalom of Lake Norman' and remit with registration forms to  
Beth Shalom of Lake Norman/ PO Box 4345/ Mooresville NC 28117

Any withdrawal from program must be made in writing and meet the following deadlines.  
If submitted by October 1<sup>st</sup>, 75% of tuition will be refunded;  
If submitted by November 1<sup>st</sup>, 50% of tuition will be refunded.  
No refunds will be issued after November 1<sup>st</sup>.

**[ ] Option #1 - Payment in Full**

**Tuition:            Ages 5 & up: \$450                      Ages 3 & 4: \$350**

[ ] Personal Check included with this application

[ ] Credit Card            \*Pay online at <http://www.bslkn.org/>

**[ ] Option #2 – Payment Plan**

First payment of \$225 (\$175 for 3 & 4 year olds) due with application.

Remaining balance due November 15, 2009

( ) First payment – personal check enclosed

( ) First payment via credit card. (See instructions above)

**[ ] Option #3 - Special Financial Arrangement**

[ ] I will contact Beth Shalom of Lake Norman President to make special arrangements by July 1

**[ ] Additional Donation**

I am interested in making a tax-deductible donation of \_\_\_\_\_ to Beth Shalom of Lake Norman Center  
for Jewish Learning to be used to provide scholarships for students requiring financial assistance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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