



# Patricia Sarah Ashkenazi

## RELIGIOUS SCHOOL

### Family Registration Form for the 5783 (2022-2023) School Year

3 year olds through 7<sup>th</sup> Grade

**Completed forms must be received by Friday, August 19, 2022**

FAX to 757-627-4905, mail to Congregation Beth El, 422 Shirley Avenue, Norfolk VA 23517  
or email to [noelle@bethelnorfolk.com](mailto:noelle@bethelnorfolk.com)

#### Tuition for the 5783 (2022-2023) School Year

Religious Program Tuition is \$250 per student for Beth El members or \$500 for non-members

Hebrew program tuition is \$350 for Beth El members per student in grades three through six (required) or \$700 for non-members

#### Congregational Affiliation:

- Congregation Beth El
- Other

\_\_\_\_\_  
(temple name or if non-affiliated)

Please provide the following contact information for the parents:

#### Parent/Guardian A

Last Name	First Name	Hebrew Name (in English)
Home Address (including city and zip code)		Home Phone
Email address		Mobile Phone

#### Parent/Guardian B

Last Name	First Name	Hebrew Name (in English)
Home Address (including city and zip code)		Home Phone
Email address		Mobile Phone

Please provide the following information for each student being registered in the Sunday Religious School Program. Any information provided will be kept in the strictest confidence! Please list any additional students on the other side.

#### Student 1

Last Name	First Name/Nickname	Birthdate
Hebrew Name (in English)	Secular School & Grade	Religious School Grade
Allergies to food and/or medications		
Medical Condition(s) and/or medications taken regularly		
Does this child need special accommodations? Please explain (use additional sheet of paper if necessary)		

#### Student 2

Last Name	First Name/Nickname	Birthdate
Hebrew Name (in English)	Secular School & Grade	Religious School Grade
Allergies to food and/or medications		
Medical Condition(s) and/or medications taken regularly		

**Please fill out other side**

Please list any additional students below:

**Student 3**

Last Name		First Name/Nickname		Birthdate	
Hebrew Name (in English)		Secular School & Grade		Religious School Grade	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Does this child need special accommodations? Please explain (use additional sheet of paper if necessary)					

**Student 4**

Last Name		First Name/Nickname		Birthdate	
Hebrew Name (in English)		Secular School & Grade		Religious School Grade	
Allergies to food and/or medications					
Medical Condition(s) and/or medications taken regularly					
Does this child need special accommodations? Please explain (use additional sheet of paper if necessary)					

**1. Religious School Grade:** If you would like your child placed in a different grade than their secular school grade, please explain which grade and why:

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**2. Field Trip Permission:** I, parent/guardian of the child(ren) listed above agree to allow my child(ren) to participate in field trips with the Patricia Sarah Ashkenazi Religious School and grant the school permission to secure medical care for my child(ren) in the event of an emergency.

Parent signature \_\_\_\_\_ Dated \_\_\_\_\_

**3. Permission to take and post photo(s) of my child(ren):** During the course of the school year, we have many and varied activities in which the students participate. Photos are frequently taken during these programs. From time to time, some of these pictures are particularly interesting (or cute) and we would like to post these pictures to our school Facebook page, include them in the monthly bulletins, the weekly email newsletter to congregants, and websites of the participating congregations, or send them along to the local papers (usually the Jewish News or or very occasionally the Virginian-Pilot) for publication in connection with an article about a particular event or a general article about what we do at the Patricia Sarah Ashkenazi Religious School.

We would like your permission to include your child(ren) in these photos. **If you are okay with photos but would prefer that we not identify your child(ren), please let us know.**

Your signature of approval will be kept on file until such time as you rescind permission.

Parent signature \_\_\_\_\_ Dated \_\_\_\_\_

**4. Student Listing Opt Out:** Every year, we make class lists available to those who request them, which include mobile phone numbers and parents email addresses. **If you DO NOT give your permission for your family's information to be included in these lists, please sign below. If you give permission, but there is any specific information listed above you would NOT like included, please list it below the signature line.**

I opt out of the class lists:

Parent signature \_\_\_\_\_ Dated \_\_\_\_\_