



BETH TIKVAH CONGREGATION & CENTRE ASSOCIATION
9711 Geal Road, Richmond, British Columbia, Canada V7E 1R4
Telephone: 604-271-6262 Fax: 604-271-6270 bethtikvah@btikvah.ca
www.btikvah.ca

BETH TIKVAH HEBREW SCHOOL REGISTRATION

Child's Name _____ English
_____ Hebrew

Entering grade _____ Birth date _____

Parent(s) _____

Home Address _____

Email Address _____

Home Phone _____ Work Phone _____ Cell _____

Siblings (with ages) _____

If your child is not a returning student, please describe any Jewish education, beginning with the most recent _____

*please supply any information that will help us to give your child the best possible education – ie. medical conditions, behaviour problems, learning difficulties, etc. Specify what special Education Programs your child receives from the Public School system.

Special events fee includes (non-refundable):
- Food & Supplies for special celebrations - Earthquake kit upgrading
Fee: \$20 for one child – \$40 for two children – \$50 for three children

For Office Use Only: Special Events Fee Paid _____ Registration Paid _____ Member _____ Non Member _____
--

* One month's written notice is required before withdrawal from the program. In lieu of notice the following month's payment will be kept.

HEBREW SCHOOL

Here's how you can help! Parent participation, while not required, helps us to provide special programs, meals and celebrations. Please check off any areas or events with which you are willing to help:

Hebrew School Committee _____

Class Parent _____

Sukkot _____

Chanukah _____

Tu B'Shvat _____

Purim _____

Pesach _____

Yom Ha'Atzmaut _____

L'ag B'Omer _____

Shabbat _____

NAME _____

Phone Number _____

Cell _____

Email _____

Your assistance in holiday and Shabbat programming helps your children build the important bridge between home and school.

Please consider joining our committee and helping make our Jewish festival events to remember.

EMERGENCY CONSENT FORM

It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed card to the Centre immediately.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the staff of Beth Tikvah Congregation and Centre Assn. when I cannot be contacted. I consent to an ambulance being called to transport the child, if necessary.

_____ Date

_____ Signature of Parent/Guardian

EMERGENCY INFORMATION

Child's Name: _____ Birth date: _____

Address: _____

Parent Name: _____ Phone: _____ Bus: _____

Parent Name: _____ Phone: _____ Bus: _____

Emergency Contact: _____ Phone: _____ Bus: _____

Child's Physician: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Card Care No.: _____

Medications: _____

Medical Conditions/Allergies: _____

Child's Dentist: _____ Phone: _____

RELEASE FORM

I understand that I assume all risks and hazards incidental to the conduct of Beth Tikvah activities, and hereby release, absolve, indemnify and hold harmless Beth Tikvah Congregation and Centre Association, directors, supervisors and employees from all claims or injuries arising there from.

Date _____ signed _____
Parent or guardian

PLEASE FILL EMERGENCY IDENTIFICATION CARD BELOW

NAME: _____ EMERGENCY GUARDIAN _____

BIRTHDATE: _____ **PHONE:** _____

ADDRESS: _____

PHONE: _____ **CARE CARD NO:** _____

DOCTOR: _____ **PHONE:** _____

DAD'S WORK PH _____ **MOM'S WORK PH** _____

MEDICAL ALERT: _____

OUT OF AREA CONTACT _____

PHONE: _____