



# 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 MINI MENSCH PROGRAM

Child's Name \_\_\_\_\_ English

\_\_\_\_\_ Hebrew

Child's Age \_\_\_\_\_ 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.

**BETH TIKVAH** CONGREGATION & CENTRE ASSOCIATION  
**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.

# HEBREW SCHOOL

## 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:** \_\_\_\_\_