

Baltimore Educational Initiative for Teens of Reform Judaism

BEIT-RJ

**2010-2011/5770-5771 School Year
Returning Student Application for
Temple Emanuel Students**

Please have a parent or legal guardian complete and return this application and health form with full payment of \$300 by July 1, 2010 to Abbe Yospa at Temple Emanuel.

GENERAL INFORMATION

*Student's Name: _____ *Student's Hebrew Name: _____

*Home Address: _____ *Home Phone Number: _____

_____ *Student's Birth Date: _____

***Student's E-Mail Address:** _____

***Parent's E-Mail Address:** _____

(Please PRINT your e-mail addresses CLEARLY, since much of our correspondences will be done via e-mail.)

PUBLIC SCHOOL/PRIVATE SCHOOL

*Current Public/Private School: _____ *District: _____

*Town: _____ *Last Grade Completed: _____

Does your child participate in other activities that might (at some time) conflict with the BEIT-RJ program? Please describe: _____

Does your child have a job? Please describe: _____

PARENT / GUARDIAN SURVEY & PERMISSION

*Are you interested in finding a carpool from your area to BEIT-RJ? Yes No (please circle)

*Would you be willing to offer rides to other students? Yes No (please circle)

*Would you like to have your contact information published in a school directory to be distributed this fall? Yes No (please circle)

Please read and sign below

I hereby enroll my child for the 2010-2011 BEIT-RJ school year. We will make every effort to attend all scheduled classes, programs, and events and agree to pay the full school tuition of \$300. I understand that there will be some additional fees for retreats, class trips, and credit bearing classes.

I also hereby give permission for my child to accompany his or her class on BEIT-RJ trips or retreats during the 2010-2011 school year. I also give permission for my child to be transported to and from the retreat or trip site.

I further give permission for my child to be photographed/video-taped/interviewed to be used for publicity purposes by BEIT-RJ or outside sources during the 2010-2011 school year.

Print Name (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Please Mail Completed Application, Health Form, and Payment To:

**Temple Emanuel
Attn: Abbe Yospa
909 Berrymans Lane
Reisterstown, MD 21136**