

Baltimore Educational Initiative for Teens of Reform Judaism

**BEIT-RJ**

**2011-2012/5771-5772 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 (made payable to Temple Emanuel) by July 1, 2011 to Abbe Yospa at Temple Emanuel.

**GENERAL INFORMATION**

\*Student's Name: \_\_\_\_\_ \*Student's Hebrew Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*Home Phone Number: \_\_\_\_\_

\*Student's Birth Date: \_\_\_\_\_

\*Religious School Grade (2011-2012): \_\_\_\_\_ \*Secular School Grade (2011-2012): \_\_\_\_\_

**\*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 2011-2012 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 2011-2012 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 2011-2012 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**