

Baltimore Educational Initiative for Teens of Reform Judaism

BEIT-RJ

2010-2011/5770-5771 School Year

New 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: _____

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

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

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

TEMPLE AFFILIATION

*Temple Affiliation: _____ *Student's Bar/Bat Mitzvah Date: _____

*Does your child participate in his/her temple youth group? _____

*Does your child currently hold a position on his/her youth group board or NFTY-MAR? (please be specific): _____

*Is your child currently a teacher's assistant/madrich in his/her religious school? _____

*Does your child participate in NFTY programs? _____

*Does your child participate in other Jewish Youth programs? (please be specific): _____

***SPECIFIC LEARNING STYLES**

If your child has any specific educational or emotional challenges that you would like to share with the BEIT-RJ Director, please explain and attach any relevant documents:

Are there situations in your child's life that may affect his/her progress at BEIT-RJ? (For example: serious illness, death, divorce, remarriage, issues in public school)

Please Explain: _____

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: _____

RELIGIOUS AFFILIATION

*Religion of Parent/Guardian #1 _____ *Religion of Parent/Guardian #2 _____

*Is your child receiving a religious education other than a Reform Jewish education? If so, please explain. _____

May this information be shared with your child’s teachers at the discretion of the Director?

PARENT / GUARDIAN SURVEY & PERMISSION

Please take a moment to complete the questions listed below. We strive to create strong community a high level of Jewish education and we rely on our parents and students for their input.

What are some of your child’s interests? (examples: art, dance, music) Please be specific:

*Does your child appreciate a more social or a more academic atmosphere? _____

*As a parent, why are you sending your child to BEIT-RJ? _____

*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**