

Haverim Beyahad Registration Form

2009-2010 School Year * 5770

Please write clearly and complete one form per child

Parent 1 Name _____ Parent 2 Name _____
Parent 1 Email _____ Parent 2 Email _____
Parent 1 Cell # _____ Parent 2 Cell # _____
Parent 1 Home # _____ Parent 2 Home # _____
Parent 1 Work # _____ Parent 2 Work # _____
Parent 1 Address _____ City _____ Zip _____
Parent 2 Address _____ City _____ Zip _____
Emerg. Contact _____ Emerg. Contact # _____ Relationship _____
CBH Member? (Circle) YES NO *Students may attend Haverim Beyahad for up to one school year as a non-member*

Student Information

Name (First & Last) _____ Hebrew Name _____
Date of Birth _____ Age (as of Fall, 2009) _____ Grade (As of Fall, 2009) _____

Program Information

Please see reverse side for tuition information and put a check next to the class(es) in which you are registering your child

___ Kitah Gan (Kind.) ___ Kitah Aleph (1st gr.) ___ Kitah Bet (2nd gr.) ___ Kitah Gimmel (3rd gr.)
___ Kitah Dalet (4th gr.) ___ Kitah Hey (5th gr.) ___ Kitah Vav (6th gr.) ___ Kitah Zayin (7th gr.)
___ B'nai Mitzvah class ___ Parent 'n Me (Ages 3-5) ___ Teen Class (Grades 8-10)

PLEASE NOTE: You must be a member of the synagogue in order to re-enroll your child.

Synagogue policy states that children can attend Haverim Beyahad for up to one school year without membership in CBH.
To join, please contact the CBH Office at (404) 315-6446

\$100 NON-REFUNDABLE DEPOSIT, PARENT VOLUNTEER FORM & STUDENT PROFILE MUST ACCOMPANY THIS REGISTRATION FORM.

PLEASE SEND FORMS AND DEPOSIT TO:
Congregation Bet Haverim * P.O. Box 29548 * Atlanta GA * 30359
Attn: Haverim Beyahad School Registration

Indicate tuition payment schedule you prefer: ___ annual ___ semi-annual ___ quarterly

Photo Consent Form: I ___ do ___ do not give permission for my child _____ to be photographed during the Religious School day and/or at other synagogue functions, and for these photographs to be used in brochures, advertisements, or other synagogue related purposes at the sole discretion of Haverim Beyahad.

Parent signature _____ **Date** _____ (Release valid until Fall 2010)

Admin Use Only:

Date Rec'd _____ TTL Payment Due _____ Deposit _____ Parent Form _____ Student Profile _____