



## Parent/Guardian 1 Information

Last Name

First Name

Email

Home Phone

xxx-xxx-xxxx

Work Phone

xxx-xxx-xxxx

Cell Phone

xxx-xxx-xxxx

Street Address

Address Line 2

City

State

Zip/Postal Code

This is my child's main address.

Yes

No

Temple membership - please check one:

Temple Emeth

Unaffiliated

Other:

## Student 1 Information

Please tell us about your second child who will be attending Binah B'emet. If you have an additional child to register, check "Yes" to the final question on this page and you will be directed to "Student 3 Information."

Last Name

First Name

Hebrew Name

Date of Birth (mm/dd/yyyy)

Secular school as of September 2017

Grade in secular school as of September 2017

Street Address

Child Lives With:

- Both Parents/Guardians  
 Parent/Guardian 1  
 Parent/Guardian 2  
 Other:

## Student Learning Needs

Does your child have any special learning needs (e.g. ADD; ADHD; speech, language or hearing issues; dyslexia; developmental delays)? If yes, please explain below.

Does your child have an IEP (Individualized Education Program)?

- Yes  No

Please provide additional information about your child that you would like Binah staff and teachers to know. (e.g. temperament, strengths, friendships, learning style)



## Student Medical Information

Does your child have any medical conditions, or emotional or familial issues or concerns of which we should be aware?  
Please include allergies to medication, food or the environment.

Yes

No

If yes, please explain here:

Does your child regularly take any medications?

Yes

No

If yes, please list the medications here:

Please note that it is the policy of Binah B'emet not to administer any medications to students. If your child requires medication during school hours, please contact Samara Katz, Binah B'emet Director, prior to the start of school to make necessary and appropriate arrangements.

Please check if your child uses any of the following:

Epipen or oral medication for hives or allergies

Asthma inhaler

Diabetes medications (e.g. insulin)

Other:

I understand that if I checked any of the above, my child must have the necessary supplies with him/her at all times while at Binah B'emet.

Yes

Child's doctor/clinic, address and telephone number:

Child's dentist, address and telephone number:

Name of Health Insurance Plan

Health Insurance #



## Emergency Contact Information, Permission to Seek Treatment, Medical Treatment Release

### Emergency Contact Name #1

In case of illness or emergency, if the parent is not able to be contacted, the following person is to be notified:

### Relationship

### Phone Number (s)

xxx-xxx-xxxx

Parent Permission to Seek Treatment: I hereby give my permission to the Binah B'emet Director or staff member in charge to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted.

By typing my name in the box below, I hereby allow it to act as my legal signature.

Parent Medical Treatment Release: In the event that I am unable to be contacted and emergency treatment is found to be necessary, I hereby authorize a physician, or such assistant as may be selected by him/her, to render temporary emergency medical treatment to my child. I understand that I will be responsible for any related expenses. I further agree to release Binah B'emet and its employees, officers and agents from any and all claims, liabilities and damages arising out of such medical treatment.

By typing my name in the box below, I hereby allow it to act as my legal signature.

## Publicity and Field Trips

### Photograph/Video Release

I hereby grant Binah B'emet, its employees and representatives, permission to use photographs, digital images, or videos of my child for publicity, education, promotion and news release materials. These materials might include print or electronic communications.

Yes

No

By typing my name in the box below, I hereby allow it to act as my legal signature.

### Field Trip Permission

I hereby grant Binah B'emet permission for my child to participate in field trips planned for Binah B'emet. It is understood that Binah B'emet staff and parents will supervise the field trips.

Yes

No

By typing my name in the box below, I hereby allow it to act as my legal signature.

Do you have another child you would like to register for Binah B'emet?

Yes

N



# 2017-2018 Registration Form

## **Thank you for registering your student(s) for Binah B'emet.**

Binah B'emet meets at Temple Emeth, 194 Grove Street, Chestnut Hill, MA 02467  
on

Sundays: 9:00am-12:00 noon: Grades K-5 and on  
Second weekday tbd.

Tuition must be received at the time of registration.

Grades 6 and 7 meet at MAKOR at Hebrew College on Sundays

## **Tuition for one child for 2016-2017 is as follows:**

Grades K-1:       \$750

Grade 2-5:        \$950

Gan Binah tuition will be decided based on # of sessions.

Tuition for members of Temple Emeth is included in membership dues.

For any questions about tuition, please contact Samara Katz, Binah B'emet Director, at 617.469.9400 or by email at [samara@binahbemet.org](mailto:samara@binahbemet.org)