

**Gesher School Registration  
2016 -2017**

Synagogue Affiliation: (Please check one)  Temple Beth Tzedek  
 Havurath  Other ( Please Name)\_\_\_\_\_

**Student #1**

Name: \_\_\_\_\_ Birthdate:\_\_\_\_\_ Hebrew Name:\_\_\_\_\_   
Grade in Religious School:\_\_\_\_\_ Is this child new to Gesher School? \_\_\_\_\_   
Grade and name of Public School: \_\_\_\_\_

**Student #2**

Name: \_\_\_\_\_ Birthdate:\_\_\_\_\_ Hebrew Name:\_\_\_\_\_   
Grade in Religious School:\_\_\_\_\_ Is this child new to Gesher School? \_\_\_\_\_   
Grade and name of Public School: \_\_\_\_\_

**Student #3**

Name: \_\_\_\_\_ Birthdate:\_\_\_\_\_ Hebrew Name:\_\_\_\_\_   
Grade in Religious School:\_\_\_\_\_ Is this child new to Gesher School? \_\_\_\_\_   
Grade and name of Public School: \_\_\_\_\_

*(Information you provide below will be kept confidential and used for emergency situations*

**Parent #1**

Name \_\_\_\_\_   
Address \_\_\_\_\_   
City/State/Zip \_\_\_\_\_   
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_   
E-mail address \_\_\_\_\_

**Parent #2**

Name \_\_\_\_\_   
Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_   
*(Please provide information below only if different from above)*

Address \_\_\_\_\_   
City/State/Zip \_\_\_\_\_   
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Contact in Emergency:**

Name \_\_\_\_\_   
Address \_\_\_\_\_   
Phone \_\_\_\_\_ Relation \_\_\_\_\_

**Gesher Religious School Registration  
2016-2017  
FEES**

Family Name \_\_\_\_\_

**RELIGIOUS SCHOOL CLASSES**

Please list name, grade level and fee for each student who will attend.

	<b>\$115</b>	<b>\$585</b>	<b>\$735</b>
<b>Student Name</b>	<b>1 Sunday / month</b>	<b>Sundays</b>	<b>Sundays and Tuesdays</b>
	<b>Mishpacha</b>	<b>Grades K, 1, 2</b>	<b>Grades 3, 4, 5, 6, 7</b>

Fee for Shofar Program on September 25<sup>th</sup> as well as Challah and juice is included in tuition. Please note that tuition fees only cover a portion of the total cost of education for a child. The rest of the funds come from the synagogue. If you are not a member of Temple Beth Tzedek, the tuition is double the amount listed. **PAY BY JULY 1 AND DEDUCT \$50 FROM ABOVE FEES!**

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TOTAL FEES : \_\_\_\_\_

**Mail registrations and checks to the address listed below**

**Temple Beth Tzedek**    Make checks Payable to: Temple Beth Tzedek,

Mail to:  
Temple Beth Tzedek  
621 Getzville Rd  
Amherst NY 14226

**FIELD TRIP PERMISSION SLIP**

My child/ren has/have my permission to participate in all field trips during the 2016-2017 school year, including transportation by bus or car.

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Parent/Guardian Signature

Date

**EMERGENCY PERMISSION**

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

I authorize Geshar Religious School to call in a physician or provide other necessary medical services for my child(ren) should an emergency arise.

---

Parent/Guardian Signature

Date

Parents: If you have any special skill or information that you would like to share with our students please let us know----You could be a special guest speaker!

## Gesher Religious School Registration

2016-2017

Family Name \_\_\_\_\_

### Parent Notes

Please use this page to comment on any conditions (medical, allergies, family situation, learning disabilities, etc.) that the Administrator should be aware of. *This information will be kept confidential.*

Any custodial arrangements, special needs or other circumstances that might affect your child(ren)'s religious education should also be noted here.

Child's Name and Grade

Child's Name and Grade

Child's Name and Grade

## Part 4: Parent Notes

**Gesher School Registration  
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Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
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Address \_\_\_\_\_  
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Family Name \_\_\_\_\_

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