

Desert Outreach Synagogue

Registration and Emergency Forms



Please list children enrolling in Beit Sefer (religious school) 2022-2023

Student's name:	DOB:	Age and grade of child in weekday school:

<u>Parent/ Guardian Information:</u>		
	Parent/Guardian #1	Parent/ Guardian #2
<u>First and last name:</u>		
<u>Address & city/zip:</u>		
<u>Home phone:</u>		
<u>Cell phone:</u>		
<u>Email:</u>		
<u>Child resides with:</u> Both parents Mother Father		
<u>Child's email (if applicable):</u>		

Should we add anyone else, other than the above to our outreach, mailing lists?

<u>Name:</u>
<u>Relationship to child:</u>
<u>Email:</u>
<u>Mailing address:</u>
<u>Phone number:</u>

List 2 names child(ren) may be released to in emergency if parents/guardians are unreachable:

<u>Name:</u>	<u>Relationship:</u>	<u>Phone number:</u>

Contact info: Arava@desert-outreach-synagogue.com 909-560-3313
 Lois@desert-outreach-synagogue.com 760-449-0111
 Rabbi@desert-outreach-synagogue.com 760-449-0111

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Name of Child: _____

(Please fill out separate form for each child)

Is there anything we should know about your child before the start of the school year?

What expectations do you have regarding your child's Jewish education at DOS Beit Sefer?

Please let us know child's previous religious education with other synagogues.

How can we make your child's experiences meet your expectations of a religious school?

Additional comments/concerns/questions:

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2022-2023 Religious School Application Form



Child's name and DOB: _____

Enrollment in Beit Sefer Grade: _____ Name of secular school: _____

Child's name and DOB: _____

Enrollment in Beit Sefer Grade: _____ Name of secular school: _____

Child's name and DOB: _____

Enrollment in Beit Sefer Grade: _____ Name of secular school: _____

____ Yes, I give permission for my child (children's) image in any photography to be used for DOS publicity or advertising.

____ No, I do not give permission for my child (children's) image in any photography to be used for DOS publicity or advertising.

2022-2023 Beit Sefer/Religious School Tuition Fees

Includes all books and materials

All classes meet Saturdays from 9:45AM to noon.

Preschool through 6th grade, for one child: \$450

For two children: \$855 (10% reduction for second and each additional child)

For three children: \$1,250

7th grade B'nai Mitzvah class: \$450

B'nai Mitzvah tutorials begin one year before bar/bat mitzvah date and are scheduled with Arava: Two payments of \$600 each at start of tutorials and 1 month before Bar/Bat Mitzvah.

8th through 12th grade including Confirmation \$450

For two children: \$850 (10% reduction for second and each additional child)

For three children: \$1,250

Credit card information

Name on card: _____

Card number: _____

Visa _____ Mastercard _____ Exp. Date: _____ Auth. Code: _____

(Mandatory 2% charge for credit card)

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Medical Information and Authorization

(Please fill out a separate form for each child)

Child's name: _____

Allergies or special medical conditions:

List any medications your child takes regularly:

Describe how these medications may affect child's concentration, classroom performance, behavior and attitude:

Name of child's physician: _____

Phone number: _____

Emergency Contact Authorization

In case of injury or illness at DOS Beit Sefer, every effort will be made to reach parent(s)/guardian(s). In the event they cannot be reached, the school should notify:

1. Name: _____ Phone number: _____
Relationship to student: _____

2. Name: _____ Phone number: _____
Relationship to student: _____

May we administer Children's Tylenol/Ibuprofen? Yes _____ No _____

Parent/guardian signature

Date

Parent/guardian signature

Date

Contact info:

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DOS Beit Sefer Permission Slip

1st Child Name: _____ **Phone:** _____

Address: _____ **City:** _____

Birthdate: _____ **Hebrew name:** _____

Child identifies as: **Boy** **Girl** _____

2nd Child Name: _____ **Phone:** _____

Address: _____ **City:** _____

Birthdate: _____ **Hebrew name:** _____

Child identifies as: **Boy** **Girl** _____

3rd Child Name: _____ **Phone:** _____

Address: _____ **City:** _____

Birthdate: _____ **Hebrew name:** _____

Child identifies as: **Boy** **Girl** _____

Health insurance co.: _____ **ID number:** _____

My child(ren) _____, have permission to attend Desert Outreach Synagogue Beit Sefer/Religious School and activities. In the event that a parent cannot be reached, I hereby authorize all necessary medical assistance that DOS may deem necessary for the health of my child. I understand that I am responsible for all medical costs incurred on my child's behalf including ambulance costs. I hereby release and hold DOS, its affiliates, staff, volunteers, officers and directors from any liability with regard to the provision of emergency medical treatment of my child.

Signature of Parent/Guardian

Signature of Parent/Guardian

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