

Beth Israel Religious School 2019-2020/5780 Registration Form

Kindergarten - 8th Grade

Parent 1		Parent 2	
Last Name:		Last Name:	
First Name:		First Name:	
Address:		Address (if different):	
City:	Zip code:	City:	Zip Code:
Best Phone Number:		Best Phone Number:	
Email:		Email:	

Student 1		
Last Name:	First Name/Nickname:	Hebrew Name/Preferred pronouns:
Grade:	Name of school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

Student 2		
Last Name:	First Name/Nickname:	Hebrew Name/Preferred pronouns:
Grade:	Name of school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

Student 3		
Last Name:	First Name/Nickname:	Hebrew Name/Preferred pronouns:
Grade:	Name of school:	Will your child walk to BIRS on Wednesdays? Yes____ No____

*Beth Israel uses photos of synagogue events which are not associated with names or contact information. If you do not wish BIC to use photos that include you/your family please contact the Beth Israel office to opt out:
office@bethisrael-aa.org, 734-665-9897*

REGISTRATION DUE BY FRIDAY, AUGUST 30TH, 2019