



CHAI SCHOOL @ BETH ISRAEL

989 West 28th Ave., Vancouver, B.C. V5Z 0E8
Tel: 604.731.4161 ext. 103 e-mail: rabbidavidbluman@bethisrael.ca

REGISTRATION FORM 2020/2021

A. APPLICANT INFORMATION

Surname (Legal) _____ Given (first) name (Legal) _____
Hebrew name (or other names used) _____
Address _____ City _____ Postal Code _____
Home Phone _____ Cell _____ Email _____
Grade in September ___ Gender: M F Birthdate (mm/dd/yy) _____
CareCard Number: _____

Special Conditions: Please indicate if the applicant has any behavioural and/or difficulties that have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done.

B. FAMILY INFORMATION

Parent's Name: _____ Cell phone: _____
Email Address: _____
Mailing Address (if different) _____
Parent's Name: _____ Cell phone: _____
Email Address: _____
Mailing Address (if different) _____
Family Doctor _____ Phone _____

C. CURRENT EDUCATIONAL STATUS

School _____ Location, Phone Number: _____

D. EMERGENCY INFORMATION:

Please list any allergies or medical conditions: _____

In case of Emergency, contact: Name _____ Phone _____ Relationship _____



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E. CONSENT:

Promotional Material

I give Chai School consent to use pictures and videos of my child in its promotional material (newsletters, email blasts, website, advertisements, etc.). I also understand that my child's name or contact information will not be published with his/her picture.

Initial: _____

Field Trips

I give permission for my child to participate fully in all Chai School activities for the 2019/2020 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent carpools, public buses, or walking, and that I will be informed beforehand of all such trips.

I hereby empower the Chai School staff person to act for me in accordance with his/her best judgment in case of an emergency.

Initial: _____

Medical

- It is Chai School's policy I to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- Please initial below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the emergency center.
- I hereby give consent for my child, _____, when ill to be taken to the nearest emergency center by Rabbi David Bluman or his designee when I cannot be contacted.
- I hereby give consent for my child named above to receive medical treatment.

Initial: _____

F. PAYMENT:

Tuition: \$375. (If you are unable to afford the tuition fee, scholarships are available)

If paying by cheque: cheques to be made out to Congregation Beth Israel.

If paying by credit card:

Circle One: Visa / Mastercard Card Number: _____

Name on card: _____ Expiry Date (mm/yy): _____

Confirming signature:

Parent's/ legal guardian's name: _____ Date: _____