

Baltimore Educational Initiative for Teens of Reform Judaism

BEIT-RJ

**2016-2017 School Year
Enrollment Application**

****Please have a parent or legal guardian complete and return this application (print ALL information clearly) to BEIT-RJ with full payment of \$450 (made payable to your home congregation) by July 1, 2016.**

GENERAL INFORMATION

*Student Name: _____ *Student Hebrew Name: _____

*Home Address: _____ *Home Phone Number: _____

_____ *Student Birth Date: _____

*Religious School Grade (2016-2017): _____ *Secular School Grade (2016-2017) _____

***Student E-Mail Address:** _____

***Parent #1 E-Mail Address:** _____

***Parent #2 E-Mail Address:** _____

*(Please **PRINT** your e-mail addresses **CLEARLY**, since much of our correspondences will be done via e-mail.)*

PUBLIC SCHOOL/PRIVATE SCHOOL

*Current Public/Private School: _____ *District: _____

*Town: _____ *Last Grade Completed: _____

Does your child participate in other activities that might (at some time) conflict with the BEIT-RJ program? Please describe: _____

Does your child have a job? Please describe: _____

PARENT / GUARDIAN SURVEY & PERMISSION

*Are you interested in finding a carpool from your area to BEIT-RJ? Yes No (please circle)

*Would you be willing to offer rides to other students? Yes No (please circle)

*Would you like to have your contact information published in a school directory to be distributed this fall? Yes No (please circle)

Student Name: _____

Program year: _____

Confidential Health History And Medical Information

Gender: _____ Male _____ Female

Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Custodial Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Second Parent Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Emergency Contact in the case that a parent/guardian cannot be reached
(must be over 18 years of age)

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

HEALTH & DENTAL INSURANCE INFORMATION

Health Insurance Carrier/Plan: _____

Telephone Number: _____ Group # _____ Policy# _____

Name of Policy Holder: _____ Relationship to Student: _____

Dental Insurance Carrier/Plan (if different from health insurance): _____

MEDICATIONS (List all medications, including over-the-counter or non-prescription drugs, taken routinely by the student. Give the purpose for which each medication is taken and the side effects, any.)

ALLERGIES

Medications (e.g., penicillin, sulfa, amoxicillin, etc.) _____

Food (e.g., nuts, wheat, eggs, etc.) _____

Other (e.g., hay fever, insect stings, mold, dust, etc.) _____

Student Name: _____

Program year _____

HEALTH HISTORY

Yes/No

If yes, Please Explain

Recent injury, illness, infectious disease _____

Chronic or recurring illnesses or conditions _____

Glasses, contacts, or protective eye wear _____

Hearing or speech problems _____

Chronic nosebleeds or nose problems _____

Seizures or convulsions _____

Back or orthopedic problems _____

Drug or alcohol abuse _____

Orthodontic appliance brought to school _____

Diabetes _____

Asthma _____

Emotional difficulties requiring professional help _____

Learning Disabilities (such as ADD/ADHD) _____

Other _____

Student Name: _____

Program year _____

Baltimore Educational Initiative for Teens of Reform Judaism
Brit Kehillah 2016-2017/5776-7

Please read carefully, complete, and sign. Students will NOT be assigned courses until we receive their completed application, full tuition payment and a signed Brit Kehillah.

BEIT-RJ families can expect the following of BEIT-RJ:

1. BEIT-RJ will strive to provide a safe learning environment for all students.
2. BEIT-RJ will strive to provide knowledgeable and committed teachers for all students.
3. BEIT-RJ will strive to provide interesting and thought provoking classes that will stimulate learning and foster a growth in Jewish identity for all students.
4. BEIT-RJ will strive to provide a Jewish social experience for all students.

BEIT-RJ expects the following of all students:

1. The drinking and/or possession of alcoholic beverages, other than the ceremonial use of sacramental wine, during any BEIT-RJ session and/or event, even if the participant is of legal age, is strictly forbidden.
2. The possession and/or use of any illegal drug, including marijuana, and/or the supplying of drugs, to any person at any BEIT-RJ program, is strictly prohibited. If a student is caught breaking this law, state and federal punishment will be sought.
3. No gambling is allowed at any BEIT-RJ program, except for fundraisers approved by the Executive Director.
4. Any type of bullying or hazing will not be tolerated at any BEIT-RJ programs.
5. Vandalism, disturbing the peace, or other inappropriate behavior, as determined by the Executive Director, will not be tolerated at any BEIT-RJ programs. Any damages will be paid for by the person(s) who caused them.
6. No student may fail to attend part of any BEIT-RJ programs for which they are registered or leave the location of a BEIT-RJ program, without written permission from the student's parent/guardian and of the Executive Director.
7. Times announced or published by the Executive Director are to be strictly followed.
8. Any act committed by a student in any BEIT-RJ program, that is a violation of Federal, State or Local law, will be in violation of this code.
9. The Executive Director must approve late arrival, or early departure, to any BEIT-RJ program in advance. Written parental permission must be presented prior to approval.
10. No guests are allowed to attend a BEIT-RJ program without the prior permission of the Executive Director. Visitors must provide written permission from their legal guardian in order to attend any BEIT-RJ session and/or program.
11. Any rules announced by the teachers and/or Executive Director during the course of the year shall be observed as though they were written rules, and have the same weight as those rules included in this code.
12. Smoking is NOT permitted at any and all BEIT-RJ programs/sessions.
13. **The use of cell phones is strictly prohibited during BEIT-RJ class time.** Cell phones will be confiscated if students are receiving calls or texting during class. We strongly recommend that all phones be left at home.
14. ALL BEIT-RJ students and guests are to act in a mature and appropriate manner at all times. Students are to act as role models for the entire BEIT-RJ community.
15. Tuition must be paid in full prior to a student's participating in classes.
16. In order to maximize learning and provide a strong sense of community, students are expected to attend classes regularly. If there are extenuating circumstances, arrangements should be made with the BEIT-RJ Executive Director.

I, _____ (student's name) have read the BEIT-RJ Brit Kehillah with my parent/guardian
_____ (parent/guardian name). I understand all the policies of the BEIT-RJ program and I am
aware of what is expected of me as an enrolled student. I agree to attend classes regularly and contact the Executive Director of
BEIT-RJ if I have an ongoing conflict.

I, _____ (parent/guardian name) agree to abide by the tuition policy, attendance policy, all school policies and all other financial obligations. By signing this contract I give permission for the school to use pictures of my child in their literature and on their website. I understand that all pictures will be reviewed and approved by the Executive Director of BEIT-RJ.

Signature of Student

Signature of Guardian

Date

AFFIRMATION and RELEASE

My affirmation below confirms that this Health History and Medical Information form is true and complete. The student has my permission to engage in all school activities except as noted otherwise. The school has my permission to provide routine first aid, administer prescribed medications at my request, and seek emergency medical or dental treatment. If the student is not covered by medical and/or dental insurance, I agree to pay all costs incurred for emergency treatment. In the event of a medical or dental emergency, the school may transport the student for treatment. In the event of an emergency where none of the adults listed above are available, I authorize and give my consent to the school to obtain any necessary medical or dental treatment, including hospitalization and surgery, from a licensed health care provider or facility. This form may be photocopied for school-sponsored trips or retreats.

I hereby enroll my child for the 2016-2017 BEIT-RJ school year. We will make every effort to attend all scheduled classes, programs, and events and agree to pay the full school tuition of \$450. I understand that there will be some additional fees for retreats, class trips, and credit bearing classes.

I also hereby give permission for my child to accompany his or her class on BEIT-RJ trips or retreats during the upcoming school year. I also give permission for my child to be transported to and from the retreat or trip site.

I further give permission for my child to be photographed/video-taped/interviewed to be used for publicity purposes by BEIT-RJ or outside sources.

Print Name (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Signature of Custodial Parent of Legal Guardian: _____

Print Name: _____

Date Signed: _____

**Please mail completed enrollment form and tuition check made payable to
your home congregation to:**

**BEIT-RJ
Attn: Cory Hermann
7401 Park Heights Avenue
Baltimore, MD 21208**