**Shalom! Below is information about the Religious School and registration:**

BEKI Religious School (BRS) is open to children entering kindergarten through seventh grade. The school provides students with a solid academic program including Hebrew language, Torah study, Jewish history, prayers, holiday rituals, social responsibility, and principles of egalitarian Conservative Judaism in a loving and personalized environment.Students have many opportunities to learn new skills while having a lot of fun along the way. Students with special educational needs are welcomed in the BRS Meyuchad individualized program.

When parents demonstrate interest in synagogue and school activities, children are eager to do the same. Participation in synagogue activities, especially on Shabbat, reinforces what your children are learning in school. Parents can commit to a continuing education program for themselves to model lifetime learning for their children.

**Grades K-7 meet Sundays as per the school calendar, from 9 a.m. to noon**

**Grades 3-7 also meet Wednesdays as per the school calendar from 4 to 6:15 p.m.**

Absences limit the student’s ability to master the skills and information necessary for Jewish literacy. Please make attendance a priority!

Tuition covers less than half the cost of educating students at BRS. Membership dues and contributions help close the gap. We are indebted to BEKI members who established scholarship funds: the George G. and Leah Posener Fund for Youth Education at BEKI, the Gladys R. Lipkin Fund for the BEKI Religious School, and the Louis Friedman Scholarship Fund**.** Your contributions help ensure a Jewish education is available to all students. **Applicants for BEKI scholarships are required to apply for the Jewish Scholarship Initiative of the Jewish Federation. Please contact the Jewish Federation for information.**

**To register, please send each completed page of the application to the BEKI office. Enclosed are the following forms:**

**\*\*\* Student Information Form**

**\*\*\* Universal Permission/Emergency Form**

**\*\*\* Tuition Payment Form**

**The early bird deadline for completed registration forms is June 15.**

**A school calendar will be distributed over the summer. The first day of BRS will be September 8/Elul 8.**

There is a new procedure for BRS scholarships. If you will be applying for BEKI scholarship funds you must contact Steve Rudof, in confidence, at [s1rudof@hotmail.com](mailto:s1rudof@hotmail.com). He will discuss individualized arrangements with you.

Finally, if you have considered a day school education for your student(s) but were stymied by tuition, please reconsider and contact Ezra Academy. New scholarship funds may be available.

**It is an honor and pleasure to serve as BRS principal and I look forward to hearing from you!**

**Morah Ina Silverman**

principal@beki.org

***STUDENT INFORMATION FORM* BEKI RELIGIOUS SCHOOL 5780 (2019-2020*)***

**Full Name of Student(s) Hebrew Name of Student(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday of Student(s) Secular School Grade of Student(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Names of Parents/Guardians**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hebrew Names of Parents**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address if Different**

**Home Phone:**

**Mom’s Work Phone:**

**Mom’s Cell Phone:**

**Dad’s Work Phone:**

**Dad’s Cell Phone:**

**Email Addresses for BRS Correspondence:**

***TUITION PAYMENT FORM* BEKI RELIGIOUS SCHOOL 5780 (2019-2020*)***

**Full Name of Student(s) Grade(s)**

**A. Tuition For BEKI Members in Good Standing: $680 for one child $**

**(Before June 15, 2019) $1,200 for two children**

**$1,730 for three children**

**Non-BEKI Member Tuition: $1,300 per child**

**(Before June 15, 2019)**

**B. Book and Materials Fee: $75 per child $**

**C. Late Fee for returning families after June 15, 2019: $75 per child $**

**D. Kadima Youth Group Fee Grades 5-8: $30 per child $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. Donation to Scholarship Fund: $**

**F. Snack Sponsorship: ($18 per sponsorship) $**

**We want to sponsor snack on this Sunday date on the school calendar:**

**TOTAL AMOUNT ENCLOSED (Please make check payable to BEKI): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE NOTE TUITION AND FEES ARE NON-REFUNDABLE.**

**UNIVERSAL PERMISSION / EMERGENCY FORM FOR BEKI RELIGIOUS SCHOOL 2019-2020/5780**

**I give permission for my son(s)/daughter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**to participate fully in all activities of the BEKI Religious School during the 2019-2020/5780 school year. I understand that transportation for any field trips will be provided by parent and/or teacher carpools, or walking.**

**I hereby empower BEKI staff members and BEKI Religious School staff and faculty members to act for me in accordance with their best judgment in case of emergency.**

**Name of first person to contact if the need arises (usually a parent/guardian):**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Name of second person to contact if first person is unavailable:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**RELIABLE NON PARENT/GUARDIAN CONTACT:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Child’s Doctor’s Name(s):**

**Doctor’s Office Address:**

**Doctor’s Phone Number:**

**Child’s Dentist’s Name:**

**Dentist’s Office Address:**

**Dentist’s Phone Number**

**Health Insurance Company:**

**Policy Number: Group Number:**

**Are there any medical or dietary concerns, or limitations to your child’s full participation in the BRS program, or anything that staff should otherwise know about? Please note food allergies! If your child requires medical equipment note that here and give the principal the item with your doctor’s instructions.**

**Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of signer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**