



10001 LOVELAND-MADEIRA ROAD  
 LOVELAND, OHIO 45140  
 (513) 985-0400 phone; (513) 686-2672 fax; [www.bethadam.org](http://www.bethadam.org)

**2008- 2009 RELIGIOUS SCHOOL REGISTRATION FORM**

Membership Family Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you are registering more than one child, please calculate the appropriate fee.

**Religious School Fees:** *In addition to annual membership fees*

- One Child: \$165.00
- Two Children: \$300.00
- Three Children or more: \$435.00
- Each additional child add: \$135.00
- Grades 8 through 12 \$100.00 (*meets twice a month*)

Bar/Bat Mitzvah \$750.00 (*must also be registered for Sunday School*)  
*Parents may pay both years of Bar/Bat Mitzvah Fees in full and in advance (\$1,350) and save 10%*  
 Children (3 and Under) \$ 50.00 /Year (or) \$10.00 per week per child on an as needed basis

<i>Student's Name With last name if different than primary member</i>	<i>Birthday</i>	<i>School Grade 2008-09</i>	<i>Bar/Bat</i>	<i>Teens (Gr. 8 – 12)</i>	<i>Fee</i>
1					
2					
3					
4					
				<b>TOTAL :</b>	

We encourage you to pay your Religious School fees in full before the start of the school year. If that is not possible, you may pay incrementally with all fees being paid in full by the end of the fiscal year (June 30, 2009)

***We are looking forward to seeing you on September 7, 2008!  
 Please bring lunch and plan to stay for our picnic at 11:30 that morning.***



10001 LOVELAND-MADEIRA ROAD  
LOVELAND, OHIO 45140  
(513) 985-0400 phone; (513) 686-2672 fax; [www.bethadam.org](http://www.bethadam.org)

**2008-09 EMERGENCY CONTACT/PERMISSION SLIP FORM**  
*Please Duplicate for Each Child*

PARENTS' FIRST AND LAST NAMES:

CHILD'S NAME:

IN AN EMERGENCY CALL THIS NUMBER FIRST:

CELL PHONE:

**EMERGENCY MEDICAL INFORMATION**

If there is an emergency and I am unavailable/unreachable, Beth Adam Religious School is authorized to seek medical care from:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Hospital: \_\_\_\_\_

*Allergies/Medical conditions or anything special we should know about your child? Please specify by child:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**FIELD TRIP PERMISSION FORM**

Congregation Beth Adam Religious School: 2008-09 School Year

My Child: \_\_\_\_\_

has my permission to participate in off-site group activities with their Beth Adam Religious School class. Additionally, my child/children has/have permission to go by private car with Beth Adam Religious School class to any off-site activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*This permission slip is in effect for the Beth Adam Congregational Year: July 1, 2008 through June 30, 2009.*



10001 LOVELAND-MADEIRA ROAD  
LOVELAND, OHIO 45140  
(513) 985-0400 phone; (513) 686-2672 fax; [www.bethadam.org](http://www.bethadam.org)

**2008- 2009 RELIGIOUS SCHOOL HELP NEEDED**

Have you considered volunteering?

Interested in being a teacher in Religious School? Yes No

Interested in being a classroom assistant on a regular basis? Yes No

Interested in helping with various tasks during the year? Yes No

(E.g. family ed set-up, purchasing supplies, helping with art projects,  
prepping materials for classrooms, assisting with administrative responsibilities)

If yes....

Available on Sunday mornings during Religious School? Yes No

Available on Sunday mornings before and/after Religious School? Yes No

Available during the week? Yes No

Interested in working on a committee to rewrite some of our liturgy/services for children and families? Yes No

Name/Names : \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Best phone number to reach you at: \_\_\_\_\_