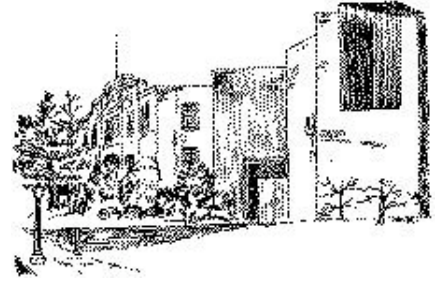


TEMPLE BETH EL OF PATCHOGUE

45 Oak Street
Patchogue, NY 11772-2812
Phone: +1-631-475-1882
FAX: +1-631-475-1928
Email: rosetbe.2@juno.com
Web Site: <http://www.BethElPatchogue.org>
Rabbi: Joel Levinson (rabbijoel@yahoo.com)



David and Dorothy Bernstein Hebrew School Registration Form

Student's First Name _____ Last Name _____

Hebrew Name _____

Address _____

Home Phone _____ Emergency Phone _____

E-mail _____

Date of Birth _____ Grade Last Attended _____

Hebrew School Grade _____

Father's Name _____ Mother's Name _____

Public School Grade _____ School Hours: from _____ to _____

Name of School _____

Has your child attended any other Hebrew School? (yes/no) _____

If yes, where and for how long? _____

Does your child have any problems that would interfere with the learning process (e.g. previously diagnosed learning disability)? If so, please describe below or on a separate sheet.

Parent's Signature _____ Date _____

(Please do not write below this line)

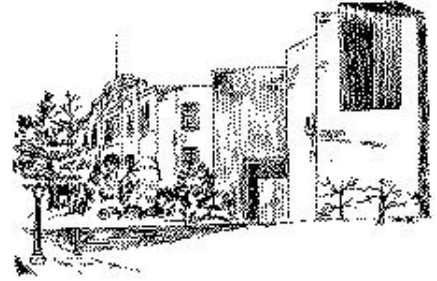
Tuition Paid: _____ Primary _____ Other Amount \$ _____

Cash _____ Check Number _____ Date _____

Policy _____ Curriculum _____

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David and Dorothy Bernstein Hebrew School Attendance Policy Form

In order to properly prepare your child for a Bar or Bat Mitzvah, regular attendance at Hebrew School is necessary. For this reason we have adopted the following policy:

Students are required to attend a minimum of 80% of the scheduled sessions. This includes all Hebrew School Shabbat services.

Hey students must complete the school year.

Individual attendance will be monitored and reviewed by the classroom teacher, Hebrew School Coordinator, and Board of Education on an ongoing basis.

If you cannot meet any of the above requirements, please contact any member of the Board of Education.

Students are expected to maintain appropriate behavior and decorum during instructional time and Shabbat services. Please help us by discussing proper synagogue behavior with your children. In order to show respect for our synagogue please dress appropriately during Shabbat services. No jeans, please.

I have read the policy and acknowledge my understanding of it.

Signature: _____ Date: _____

Child's Name: _____

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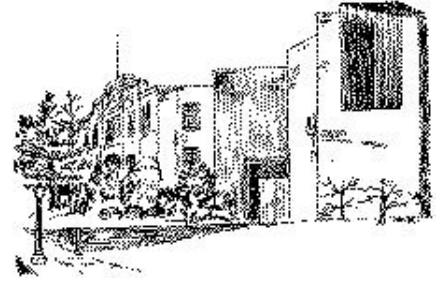
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David and Dorothy Bernstein Hebrew School Emergency Contact Form

Student _____
Last Name First Middle

Class _____

1. Mother or Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Cell _____

2. Father or Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Cell _____

3. If the school cannot get in touch with either of the above, name of friend or relative who may be called upon if the child is sick in school.

Name _____ Address _____

Phone _____ Cell _____

4. Doctor's Name _____ Address _____

Phone _____ Cell _____

5. If none of the above can be reached by phone, what do you wish the school to do in case the child is sick or injured? . _____

(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

6. **NOTE ANY SPECIAL HEALTH PROBLEMS – INCLUDING MEDICATIONS AND ALLERGIES**
_____ (IF NONE, WRITE "NONE" AND INITIAL)

7. If at any time the above information must be changed, I will notify the principal in writing.

Signature of Parent or Guardian

Date