



(For Office Use Only)

Total Due: _____

Check # _____

Date Received: _____

REGISTRATION FORM – 2026/27

All Students must be enrolled by August 31, 2026

PLEASE MAIL/EMAIL THIS FORM BACK AS SOON AS POSSIBLE

E-Mail: bas@bethabrahamdayton.org

Payment of 10% due with registration. Balance to be paid by December 31, 2026.

Current Fees:

☐ K-2nd Grades \$400.00*

☐ Grades 3-7, \$650.00*

☐ Hebrew Prayer Supplement (optional)

Contact Dr. Elyssa Wortzman directly to coordinate: drelyssa@bethabrahamdayton.org

☐ Non-Member Fee- \$180

Second year enrollment requires membership

STUDENT INFORMATION

Student Name	Grade	Birthday	Hebrew Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List additional names on back

School student (s) attends: _____

Please share any special services your student is receiving at school:

Please share your student's strengths, interests, and/or challenges:

Does your student have an IEP or are there any learning issues we should be aware of?

PARENT/GUARDIAN INFORMATION

Parent/ Guardian name: _____ Address: _____

City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-MAIL Address: _____

Relationship to student (s): _____

Parent/Guardian name: _____ Address: _____

City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-MAIL Address: _____

Relationship to student (s): _____

Person responsible for payment due: _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

EMERGENCY CONTACT

ALTERNATE PERSON TO BE NOTIFIED IN THE EVENT OF ILLNESS OR INJURY IF UNABLE TO REACH PARENTS:

1) Name: _____

Relationship to student (s): _____

Phone _____

2) Name: _____

Relationship to student (s): _____

Phone _____

PERMISSION SLIP

This is a general release giving permission for your child to participate in scheduled field trips that will occur during this school year within the context of regular school hours as well as after school events.

Parents will be notified of upcoming field trips and reserve the right to deny permission for their child to take part in any trip.

Please fill in the appropriate information and return it to the office.

PERMISSION TO PARTICIPATE

_____ I give general permission for my child to attend school sanctioned field trips scheduled during the 2026-2027 school year.

_____ I do not give permission for my child.

PERMISSION TO BE TRANSPORTED

_____ I give my child permission to ride with any licensed driver designated by the school during a planned school trip.

_____ I do not give permission for my child.

Please indicate if you would like to volunteer to drive students on any field trips. _____ Yes

COMMUNICATIONS

We respect your right to privacy and therefore are requesting your permission for the following:

It is our policy to not identify any students by name in synagogue publicity. If you **do not** authorize Beth Abraham Synagogue to use photographs and recordings of your child on the synagogue website, in print materials and other media for the promotion of and public education about our programs, **initial here:** _____

Parent Signature

Date

*Please remember that every Jewish child in the Miami Valley is eligible to apply for a yearly \$500 stipend to attend Jewish sponsored programs which include Religious School. This is administered through the Jewish Federation of Greater Dayton and you must apply directly through them. This is not a needs-based stipend. Everyone is eligible. You can apply online at: <https://jewishdayton.org/program/the-seeds-project/>