

# BHCBE ACADEMY 5778 / 2017-2018 NEW STUDENT REGISTRATION

(one form/student)

## I. STUDENT HISTORY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Public School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_  
 Jewish summer camp, if any \_\_\_\_\_  
 New to BHCBE Academy \_\_\_ yes \_\_\_ no Parent's e-mail \_\_\_\_\_

Are there any learning, medical or behavioral situations of which we should be aware?

No \_\_\_\_\_ Yes \_\_\_\_\_

*(if yes, please describe on the back of this sheet or call the Education Director at (847) 256-0755 ext. 2)*

Does your child take any medications on a regular basis?

No \_\_\_ Yes \_\_\_ *(if yes, please describe on the back of this sheet)*

## II. PLEASE ENROLL MY CHILD IN THE FOLLOWING PROGRAM (check one):

### ➤ Shorashim (Grades K-2)

\_\_\_ K & 1<sup>st</sup> Grade Sundays, 9:00 - 11:30 am

\_\_\_ 2<sup>nd</sup> Grade Sundays, 9:00 - 11:30 am and Tuesdays, 4:15-6:15 pm

\_\_\_ I would like to enroll my child in complimentary child care between 11:30 – 12:00 PM on Sundays.

### ➤ Neta (Grades 3-8)

\_\_\_ 3<sup>rd</sup>-7<sup>th</sup> Sundays, 9:00 - 12:00 pm and Tuesdays, 4:15-6:15 pm

\_\_\_ 8<sup>th</sup> Sundays, 9:00 – 12:00 pm

### ➤ Hebrew High (Grades 9-12)

Grades 9-12\_\_\_

## 2017-2018 TUITION AND FEE SCHEDULE

	<u>Tuition</u>	<u>Registration Fee &amp; Books &amp; Supplies</u>	<u>Youth Group</u>	<u>Total</u>
<b>Shorashim</b>				
<b>Grades K-1</b>	460	160	15	
<b>Grade 2</b>	625	160	15	
<b>Neta</b>				
<b>Grade 3</b>	760	215*	30	
<b>Grades 4-7</b>	760	165	30	
<b>Grade 8</b>	510	165	40	
<b>Hebrew High</b>				
<b>Grade 9 -12</b>	510	**50	50	

\* Includes \$50 Kabbalat Siddurim Fee

\*\*100 for 10<sup>th</sup> Grade (Confirmation Fee)

# BHCBE ACADEMY

Beth Hillel Congregation Bnai Emunah  
Wilmette, IL

Inspiring our students to lifelong Jewish learning and living

5778 FAMILY HISTORY

**2017 -2018**  
(one form per family)

1) **FAMILY NAME** \_\_\_\_\_

2) **PARENT #1** \_\_\_\_\_ Hebrew name \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ e-mail \_\_\_\_\_

3) **PARENT #2** \_\_\_\_\_ Hebrew name \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ e-mail \_\_\_\_\_

## 4) **SIBLINGS**

Please list all children in your family who are not enrolled in the BHCBE Academy:

<u>Name</u>	<u>DOB</u>	<u>Public school grade</u> (if applicable)
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5) If parents are divorced/separated, school mailings should be sent to:

Both parents       Mother only       Father only

6) Person (other than parent) to call in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

7) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_