Beth Israel Congregation
Cohen Family Religious School

Pre-School Parent Workshop
Registration Form
2020 – 2021/5781 Ages 3 – 5

Child's Name: _____

Date of Birth: _____

Parents' Name(s): _____ _____

Address: _____

Home Phone: _____Cell Phone(s): _____
_____

Email(s): _____ _____

- Please list any information about your child that would be helpful to know for your child to have an enjoyable experience here, including pertinent medical information such as severe allergies (continue on back side if needed). All information is strictly confidential and will only be shared with the teacher as is necessary.
  _____
  _____
  _____.
- Sessions meet from 10:00 – 11:00 a.m. (unless otherwise noted) once a month from September to May.
- A parent must attend with their child to promote a positive family experience.
- Tuition must be paid before students are eligible to attend.

Opt Out Photo Release Form:

This form allows parents/guardians the option to ***NOT*** allow Beth Israel Congregation to take photographs/ motion picture photography of their minor children for the purpose of promoting Beth Israel Congregation.

Failure to exercise this option, releases and discharges Beth Israel Congregation from any and all claims arising out of the use of photographs, or any right that the parents or minor may have.

***Sign the portion below only if you do *not* allow Beth Israel Congregation to take photographs of your children.**

I do ***NOT*** give Beth Israel Congregation permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting Beth Israel Congregation.
I have read the above statement and fully understand its contents.

Parent Name (print) _____ Parent Signature _____

Date _____

Return form to:
Beth Israel Congregation, 385 Pottstown Pike, P.O. Box 678, Uwchland, PA 19480
Attention: Joan Sharp