

**BHCBE ACADEMY
2010-2011 RE-REGISTRATION FORM**

Office _____

➤ **PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FEE**

Family Name: _____ Students' Full Home Address: _____ Zip _____

Home Phone: _____

Child #1
 First Name: _____ Last Name: _____ DOB: _____ 2010/11 Public School & Grade: _____ Student's E-mail: _____
 _____ Gr: _____

Please enroll this child (#1) in (check one):

Primary Division (Grades K-2)

___ K or 1st Grade
 Sun, 9-11:30 am
 ___ 2nd Grade:
 Sun, 9-11:30 am & Tues, 4:15-6:15 pm

Hebrew Division (Grades 3-7)

___ Sun, 9-11:30 am & T/Th, 4:15-6:15 pm

Hebrew High (Grades 8-12)

___ Sundays,
 10:15 am – 12:45 pm

Jewish summer camp, day or overnight (if any) _____

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 page or call Marshall Kupchan at 847/256-0755)

Child #2
 First Name: _____ Last Name: _____ DOB: _____ 2010/11 Public School & Grade: _____ Student's E-mail: _____
 _____ Gr: _____

Please enroll this child (#2) in (check one):

Primary Division (Grades K-2)

___ K or 1st Grade
 Sun, 9-11:30 am
 ___ 2nd Grade:
 Sun, 9-11:30 am & Tues, 4:15-6:15 pm

Hebrew Division (Grades 3-7)

___ Sun, 9-11:30 am & T/Th, 4:15-6:15 pm

Hebrew High (Grades 8-12)

___ Sundays,
 10:15 am – 12:45 pm

Jewish summer camp, day or overnight (if any) _____

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 page or call Marshall Kupchan at 847/256-0755)

2010-2011 TUITION AND FEE SCHEDULE

	Tuition		Registration Fee & Books & Supplies
	Member	Non-member	
PRIMARY DIVISION (PD)			
Grades K-1	450	900	140
Grade 2	600	1200	140
HEBREW DIVISION (HD)			
Grade 3	725	1450	140
Grades 4-5	725	1450	140
Grade 6	725	na	140
Grade 7	725	na	140
HEBREW HIGH (HHS)			
Grades 8-9, 11-12	485	685	50
Confirmation (gr. 10)	485	685	50

Additional Fees

Kabbalat Siddurim: 50

Hebrew Division Graduation: 100
 Bar/Bat Mitzvah: 750

Confirmation: 75

BHCBE ACADEMY
BETH HILLEL CONGREGATION BNAI EMUNAH
WILMETTE, IL

Inspiring our students to lifelong Jewish learning and living

5771 NEW STUDENT REGISTRATION
2010-2011
(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 2010 _____
Jewish summer camp, if any _____
New to BHCBE Academy ___ yes ___ no Student 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 Marshall Kupchan at 847/256-0755)

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):

➤ **PRIMARY DIVISION (Grades K-2)**

___ K & 1st Grade Sundays, 9:00 - 11:30 am

___ 2nd Grade Sundays, 9:00 - 11:30 am and Tuesdays, 4:15-6:15 pm

➤ **HEBREW DIVISION (Grades 3-7)**

___ Sundays, 9:00 - 11:30 am and Tuesdays & Thursdays, 4:15-6:15 pm

➤ **HEBREW HIGH (Grades 8-12)**

Grades 8-12 ___ Sundays, 10:15 am – 12:45 pm

Class assignments will be based on parental requests, teacher recommendations, and availability of space. No class or program will be offered unless there is sufficient registration.

___ *Please see additional comments on reverse side*

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WILMETTE, IL

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5771 FAMILY HISTORY
2010-2011

(one form/family for new families)

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