



*Ann Arbor  
Reconstructionist  
Congregation*

**Beit Sefer Enrollment  
5776 (2015-2016)**

**USE ONE FORM / STUDENT**

Please submit a separate copy of this form for each child. (Sorry about the repetition). Thanks!

Student name: \_\_\_\_\_

Student birth date: \_\_\_\_\_

School in Fall 2015: \_\_\_\_\_

Grade entering in Fall 2015: \_\_\_\_\_

Is this his or her first year at the AARC Beit Sefer? \_\_\_ Yes \_\_\_ No

Siblings and their birthdates: \_\_\_\_\_

\_\_\_\_\_

AARC Member family? \_\_\_ Yes \_\_\_ No

**PARENT/GUARDIAN 1**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Jewish affiliation or background: \_\_\_\_\_

\_\_\_\_\_

**Contact info. Please put (BEST) after the best way to contact parent/guardian 1 by phone:**

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email to [info@arecon.org](mailto:info@arecon.org), or mail to Ann Arbor Reconstructionist Congregation, c/o JCC,  
2935 Birch Hollow Drive, Ann Arbor, MI 48108

**PARENT/GUARDIAN 2**

(No need to re-enter the address if it's the same as for parent/guardian 1)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Jewish affiliation or background: \_\_\_\_\_

\_\_\_\_\_

**Contact info. Please put (BEST) after the best way to contact parent/guardian 2 by phone**

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact and Treatment**

In the event of a medical emergency, I authorize the staff of the Ann Arbor Reconstructionist Congregation to obtain emergency medical treatment for my child. I understand I will be contacted as soon as possible, and that if I cannot be reached, staff will try to contact the emergency contact listed below. Any physical problems or special directions appropriate to my child have been listed on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Medical or physical concerns or direction.**

Please list any allergies (foods, drugs, environmental – especially those that may require immediate treatment)

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**More about your child and family**

Are there any special learning concerns that your child’s teachers should know about?

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What is your child’s previous Hebrew and/or religious school experience?

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What else can you tell us that will help us better to meet the needs of your child?

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Is there anything about the family situation that might be useful for the Beit Sefer to know? (e.g. recent death or divorce, new baby, extended houseguests, moving, etc.)

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Please list all persons to whom your child may be released at the end of the school day. Please also indicate persons to whom your child should not be released.

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What particular skills and interests would you, as a parent, like to share with the class?

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How often are you willing to volunteer in the classroom? On field trips?

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**For our outreach information**

How did you hear about our Beit Sefer? \_\_\_\_\_

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Do you know anyone you think might be interested in our Beit Sefer, whom we should contact?

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**Additional information/comments/etc.** Your space to share anything else.

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**Beit Sefer Payment**  
5776 (2015-2016)

**USE ONE FORM / FAMILY**

Because the AARC subsidizes Beit Sefer, tuition is less for congregation members:

Members: \$700/year first child; \$600/year second child

Nonmembers: \$850/year/child

Payment options include:

(1) Full payment by September 20, 2015 (first day of school)

(2) Two payments:

First tuition payment due by September 20, 2015 (first day of school)

Remaining tuition is due by January 10, 2016 (First day of 2nd Semester)

Each payment:

Members: \$350 for first child; \$300 for second child

Nonmembers: \$425

For issues of financial hardship/tuition reduction, please call Dale Belman, AARC treasurer, at 517-214-2626, or email [treasurer@aarecon.org](mailto:treasurer@aarecon.org).

How many children are you enrolling in Beit Sefer? \_\_\_\_\_

Payment plan: \_\_\_ One annual payment \_\_\_ One payment / semester

\_\_\_ Other – I'll call the congregation treasurer.

**Method of payment**

\_\_\_ I will use Paypal (see AARC Website, [aarecon.org](http://aarecon.org))

(AARC incurs a 2.2% fee; please consider increasing payment by 2% to help defray costs)

\_\_\_ I will mail a check

Mail check to Ann Arbor Reconstructionist Congregation, c/o JCC, 2935 Birch Hollow Drive, Ann Arbor, MI 48108

**Total tuition:** \$ \_\_\_\_\_

(Please list total for all students, for all year, even if you're paying only part at a time)

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