



Kane Street Synagogue
 236 Kane Street
 Brooklyn, NY 11231
 718-875-1550
www.kanestreet.org
vlieber@kanestreet.org

Bogrim Registration 2009 – 2010

DUE: September 15, 2009

Teacher: Rachel Shapiro
SCHEDULE

Bogrim (Grades 8-11) Tuesdays 6PM – 8:30PM.

Parent’s Orientation Meeting September 15th, 2009 at Park Slope Jewish Center

First Class September 22nd, 2009

Our program will include students from both Park Slope Jewish Center and Kane Street Synagogue.

Classes in September, October, November and January will be at Kane Street Synagogue.

Classes in March, April and May will be at Park Slope Jewish Center.

*8 sessions will be held jointly with all the progressive synagogues of Brownstone Brooklyn at Hannah Senesh Community School.
 (November 24 – December 15 and February 2 – March 2)*

STUDENT INFORMATION:

Name:

Birth date (please include year):

Grade in Secular School '09 – '10:

Name of School:

Mailing Address:

(street)

(apt.)

(city/zip)

Home Telephone:

Student’ Mobile Phone:

Student’s Email:

IM:

Facebook Name:

My child may be photographed or video-taped for PR purposes. ___yes ___no

Allergies if any (esp. food allergies):

Name of Pediatrician:

Phone:

In the event of an emergency, I hereby give my permission to Kane Street Synagogue, through its representatives, to authorize medical treatment under a physician’s care, to hospitalize, to provide treatment, or anesthesia for my child _____, in the event that I cannot be reached.

I hereby give permission to the Kane Street Synagogue staff members to administer routine minor first aid (band-aids, cold packs) to my child.

_____ signature of parent or guardian

_____ date

PARENT/GUARDIAN INFORMATION:

PARENT OR GUARDIAN 1

Name:	Relationship to student:
Does s/he live with the student? ___ yes ___ no	If no, give address:
Home phone if different from student:	Work phone:
Cell phone:	E-mail:
Occupation:	

PARENT OR GUARDIAN 2

Name:	Relationship to student:
Does s/he live with the student? ___ yes ___ no	If no, give address:
Home phone if different from student:	Work phone:
Cell phone:	E-mail:
Occupation:	

TUITION

\$500 (includes dinner weekly and special 8-session Brooklyn Community High School series)

REGISTRATION DUE September 15, 2009

PAYMENT ENCLOSED

Total due for 2009-2010 year _____

Deposit _____

Balance due 9/15 _____

BOGRIM IS OPEN TO MEMBERS AND NON-MEMBERS.

If your child has friends who may be interested, please let us know how to contact them and their parents to invite them to give Bogrim a try:

Friend's Name:
Friend's Parents:
Home Phone:
Mailing Address: