

**RELIGIOUS SCHOOL REGISTRATION FORM  
2008 -2009**

Note: We respectfully ask that you complete all areas on this form so that we may be sensitive to your child's needs. It is critical that we have contact, emergency, and medical information for each child so that we may best serve their interests. This information will be confidential and shared only as necessary.

**RELIGIOUS SCHOOL**

Circle below the grade your child will be entering

K (Gan Yeladim) 1 (Alef) 2(Bet) 3(Gimel) 4(Dalet) 5(Hey)

6(Vav) 7(Zayin) 8(Het) 9(Tet) 10(Yud) 11/12(Madrikh)

Registering For: Religious School \_\_\_\_\_ Hebrew School \_\_\_\_\_

**STUDENT INFORMATION**

Student's name \_\_\_\_\_  
Last First Nickname

Child's Hebrew Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Secular school district/grade \_\_\_\_\_

**EDUCATIONAL INFORMATION**

**Yes/No**

Does your child receive any individualized educational programs in school? \_\_\_\_\_

Does your child have specific learning needs? \_\_\_\_\_

Please describe \_\_\_\_\_

Does your child have specific emotional/behavioral support needs? \_\_\_\_\_

Please describe \_\_\_\_\_

Please provide any other information regarding your child that might help us in providing the most appropriate religious school education:

**MEDICAL INFORMATION**

List and describe any medical conditions that we should be aware of  
\_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

Please list any food allergies your child has: \_\_\_\_\_

Please list any allergies to medication your child has: \_\_\_\_\_

Please detail any specific instructions: \_\_\_\_\_

**FAMILY NAME** \_\_\_\_\_ **School Registration Part 2**

Student lives with Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

**MOTHER'S INFO**

**FATHER'S INFO**

Name \_\_\_\_\_

Home e-mail \_\_\_\_\_

Work phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Children \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

**Doctor's Information:**

Dr. Name:

Phone:

Address:

Health Care Primary Group:

<b>Please initial</b>
I give permission to use my e-mail address for Religious School communication _____
I give my permission to give out parents' names, address and phone number to other families in the religious school as part of the class roster _____

Any special information that you think that we might want to know about your child:

**EMERGENCY INFORMATION**

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

Name

Phone

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

In the event of an emergency and I cannot be reached by phone, I give permission for my child to receive emergency transportation and medical treatment at the nearest treatment center.	
Parent Signature _____	Date _____