

REGISTRATION FORM

Student's Name _____ Hebrew Name _____
Parents' Names _____ Home phone _____
Address _____
Father's work # _____ Mother's work # _____ Cell phone # _____
Household e-mail: _____ Student's e-mail: _____
Secular School _____ Grade _____ Birthdate _____

In case of an emergency, parents will be called first. If parents cannot be reached please list:

Name _____ Relationship _____ Phone # _____

Doctor's name _____ Phone number _____

PARENTS' PERMISSION:

In case of a medical emergency, and if parent or designated person cannot be reached, your signature grants permission for Sunday school/Hebrew school staff to arrange for your child to be taken to a hospital:

Signature: _____

NOTE: ALL INFORMATION PROVIDE BELOW IS CONFIDENTIAL AND FOR INSTRUCTIONAL AND SAFETY PURPOSES ONLY.

Please make us aware of any of your child's special needs (circle all that apply):

Dyslexia ADHD Autism Vision impairment Hearing impairment
Speech impairment Language delays Auditory processing disability Asthma Diabetes
Allergies (specify) _____ Other _____

Is your child following a behavior modification program? _____

Does your child have an IEP? _____ Will you share results with us? _____

Does your child take any medications? (specify) _____

What else would be helpful to know about your child? _____

Would you grant permission for images of your child taken during synagogue events to be reproduced for publicity purposes? yes _____ no _____ signature _____

Tuition checks payable to "Beth Samuel Jewish Center" Pre-K - Bar/Bat Mitzvah: \$540 Teen program: \$350

Your donation above the cost of registration will help families who are less able to pay.
