

Congregation Agudat Achim Religious School

Hebrew School Registration Form

2010-2011

Student's Name _____ Date _____

Student's Hebrew Name _____ Birthday _____

Public School Grade as of Sept. 1 _____ Hebrew Birthday _____

Previous Hebrew, Sunday or Nursery School _____

Address _____

Mother

Father

Name _____ Name _____

Hebrew Name _____ Hebrew Name _____

Address _____ Address _____

Home phone _____ Home phone _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Cell phone _____ Cell phone _____

Email address _____ Email address _____

Children live with (check one): _____ both parent's _____ Parent #1 _____ Parent #2 _____

Other (Please specify and provide address, home/work/cell phone and e-mail information)

Sibling's names and birthdays: _____

Our goal is to make Judaism and a Jewish education accessible to all children, and to "Educate each child according to their way" (Proverbs 22:6) Please help us by describing any emotional, behavioral, physical or learning challenges that might affect the student's ability to work at grade level or participate in educational or social programs at CAA, or information that might be useful for the educational staff in planning for your child's education.

Please complete both sides

Special Services:

Does student have an IEP? _____(Individual Education Plan from school)

Describe any special services that the student receives in school or through the school district.

Medical/Allergies:

Does your child have any medical problems or food allergies?

Does your child take any prescription medications regularly?

Is there any other information about your child we should be aware of?

If there is anyone else besides you or your spouse who is authorized to pick up your child from school please list their names, relationship to you, and emergency contact number where they can be reached.

Emergency Contact (if parents can't be reached)	
Name:	_____
Address:	_____
Telephone:	_____ Cell Phone _____
Relationship to Students:	_____

I hereby give consent for my child _____ to go on all supervised field trips during the school year.

Parent or Guardian _____ Date _____

I hereby give consent for my child's pictures to be used in school newsletters, posters, newspapers, school website etc.

I do not give consent for my child's pictures to be used in school newsletters, posters, newspapers, school website etc.

I hereby authorize transport to _____ Hospital for emergency treatment of my child in the event that I cannot be reached. I authorize _____ Hospital to give emergency treatment to my child in the event that I cannot be reached.

Parent or Guardian _____ Date _____