



## Congregation B'nai Israel

2111 Bryan Avenue  
Tustin, California 92782

Rabbi Robin Hoffman, Director of Education

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### Religious School and Hebrew School for Grades K-7 Hebrew High - Grades 8-12

For Office Use Only

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

Date Received: \_\_\_\_\_

### STUDENT REGISTRATION AND INFORMATION FORM 2015-2016

#### Session Days and Times

Kindergarten/1<sup>st</sup>Grade Sunday - 9:00 am - 12:30 pm

Grades 2-7 Sunday - 9:00 am - 12:30 pm AND either of the following:

Tuesday - 4:15 pm -6:30 pm **OR** Wednesday - 4:15 pm -6:30 pm

Grades 8-12 Wednesday - 6:00 pm - 8:15 pm

#### Student Information

First Name	Grade	Birthdate	Check Your Session Preference			
_____	_____	_____	<input type="checkbox"/> K-1 Sun	<input type="checkbox"/> 2-7 Sun/Tues	<input type="checkbox"/> 2-7 Sun/Wed	<input type="checkbox"/> 8-12 Wed
_____	_____	_____	<input type="checkbox"/> K-1 Sun	<input type="checkbox"/> 2-7 Sun/Tues	<input type="checkbox"/> 2-7 Sun/Wed	<input type="checkbox"/> 8-12 Wed
_____	_____	_____	<input type="checkbox"/> K-1 Sun	<input type="checkbox"/> 2-7 Sun/Tues	<input type="checkbox"/> 2-7 Sun/Wed	<input type="checkbox"/> 8-12 Wed
_____	_____	_____	<input type="checkbox"/> K-1 Sun	<input type="checkbox"/> 2-7 Sun/Tues	<input type="checkbox"/> 2-7 Sun/Wed	<input type="checkbox"/> 8-12 Wed

#### Family Information

Parent 1 \_\_\_\_\_ Parent 1 Cell \_\_\_\_\_ Parent 1 Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_ Parent 2 Email \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_, Zip \_\_\_\_\_

#### Additional Information

Do(es) your child(ren) have an IEP or 504 plan? If yes, what kinds of accommodations or modifications does your child receive?

If new to the school, has your child had any previous religious training? If yes, where?

\_\_\_\_\_ # of Years: \_\_\_\_\_

Do(es) your child(ren) reside with both parents? \_\_\_\_\_

If not, do you want communications sent to a different address? Please provide name/address below:

Name and Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

## Student Medical and Liability Release

I, the undersigned parent or guardian of \_\_\_\_\_ do hereby authorize Congregation B'nai Israel, as agents for the child(ren), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed on the medical staff of any hospital, whether such diagnosis is rendered at the office or hospital of the physician.

In addition, I, the undersigned parent or guardian of the above child(ren), understand that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I also release Congregation B'nai Israel and its representatives from all responsibilities for mishaps that may befall the above-named individual(s). I further expressly release and agree to indemnify and hold Congregation B'nai Israel, its school, and its employees and agents free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorneys' fees, in connection with participation of the above-named minor(s) in Congregation B'nai Israel school activities. The foregoing release is without limitation of any kind except only for acts or omissions that arise out of the intentional or negligent wrong doing of Congregation B'nai Israel, its school or its employees and agents, and without fault of any kind on the part of the above-named minor(s) or on my part in failing to disclose pertinent information to you.

It is my further understanding that the above-named individual(s) will observe all rules and regulations contained in the Code of Conduct stated by the Director, Lifelong Learning of Congregation B'nai Israel and his authorized representatives.

If this Student Medical and Liability Release is signed by more than one person, all references to the singular shall include the plural, jointly and severally. This Student Medical and Liability Release shall be valid and effective during all Congregation B'nai Israel student activities in which the above-named minor(s) participated during the academic year commencing in August of 2015, and concluding in June of 2016.

By typing your name below, you agree with the above liability release.

Parent #1 (Type your name here): \_\_\_\_\_ Date \_\_\_\_\_

Parent #2 (Type your name here): \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company and Policy # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

List any information that the attending physician should know, such as allergies, conditions, medications, etc.

\_\_\_\_\_  
\_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

I authorize the Director to administer Tylenol or Advil as needed ☐ Yes ☐ No

## Emergency Release:

Please list two emergency phone #s in the event parents cannot be reached:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

## Carpool Release:

I give permission for the following adults to pick up my child from Hebrew/Religious School:

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

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

## Photo Release:

☐

I give permission for my child's photo to be taken and used in the classroom and the synagogue newsletter, The Shofar.

☐

I give permission, in addition to the above, for my child's photo to be taken and used in the Orange County newspapers and CBI website.

☐

I do not give permission for my child to be photographed for any of the above.

Please type your name to confirm your choice.

Parent Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Choose your Donation

Throughout the year, the Religious School has various fund raising activities to support the operating costs of our school program. This year, you have the option to commit at the time of registration to fulfill your obligation for the full year!

Please choose the level you would like to contribute:

**Akiva \$1000**

(includes \$540 Mishloach Manot, \$180 towards Madrikhim, and \$280 towards holiday and classroom programming)

**Hillel \$540**

(includes \$360 Mishloach Manot donation, and \$180 towards holiday and classroom programming)

**Shammai \$360**

(includes \$180 Mishloach Manot donation and \$180 towards our holiday and classroom programming)

**Ben Zakkai \$180**

(includes \$180 Mishloach Manot donation)

Level Chosen \_\_\_\_\_

Name \_\_\_\_\_

☐ Please charge my credit card on file.

☐ Please charge this credit card: M/C Visa AMEX # \_\_\_\_\_  
Exp. Date \_\_\_\_/\_\_\_\_

☐ I will send a check

☐ I will make payments. Please contact me. Phone \_\_\_\_\_

***Thank you for your support!***