

**Congregation Beth Israel Religious School
2013/2014 Student Registration and Enrollment Forms**

Student's Name

Student Information

Hebrew Name

Date of Birth

Secular School Name

Secular School Grade

Secular School Phone Number

Parent Information

Parent/Guardian #1

Email

Phone (h)

Phone (w)

Phone (c)

Address

Hebrew Name

ben/ bat

Parent/Guardian #2

Email

Phone (h)

Phone (w)

Phone (c)

Address

Hebrew Name

ben/ bat

Custody arrangements:

Other contact information:

Would you be interested in serving as a room parent for your child's class? Yes No

Emergency Contacts (we will always try to contact the parents first)

Name

Relationship

Phone (h)

Phone (w)

Phone (c)

Name

Relationship

Phone (h)

Phone (w)

Phone (c)

Student's Name

Medical Information

Any allergies, past or present illness, or medical conditions of which we should be aware?

Please provide any relevant information regarding your child's family situation, such as relatives of a different faith, single parent in the home, joint custody, recent births, deaths, serious illness, etc.

In order to assist us in providing the best possible education for your child, please inform us if your child has any special learning issues or receives any special services in secular school of which we should be aware.

Is there anything else we should know about your child?

Would you like to discuss any of the above issues personally and confidentially with the Education Director?

Medications student is presently taking. All medications must be in a ziploc bag in their original packaging with the pharmacy label and the child's name. All medication must be given directly to the Education Director to dispense.

Medication Name	This medication is being taken for the following reason	Dosage	Times to be taken	Side affects which could affect your child's ability to fully participate in Religious School.

Over the Counter Medications	Parent's Signature
A Congregation Beth Israel staff member may administer Tylenol (acetaminophen) to my child every 6-8 hours for fever, headache or other minor discomfort. Dosage: 325 mg (tablets)	
A Congregation Beth Israel staff member may administer Junior Strength Motrin (ibuprofen) to my child every 6-8 hours for fever, headache or other minor discomfort. Dosage: 100-200 mg. (orange flavored chewables)	

Please Note: Unless you have indicated so above, the staff will administer no medications.

Child's Physician	Phone
Child's Dentist	Phone
Health Insurance Company	
Health Insurance Policy Number	
Subscriber's Name:	

Student's Name

CARPOOL INFORMATION: (This information is kept confidential.)

With what families do you primarily carpool?

Please list any other Beth Israel families with whom we may release your child.

Who else may we release your child to? (Please include all babysitters/nannies, family (grandparents, aunts uncles, older siblings) and friends that might pick-up your child on occasion.)

Is there anyone to whom we MAY NOT release your child?

Parent/Guardian Signature _____ Date _____

DIRECTORY INFORMATION:

I give my permission for my name, address, telephone number, and e-mail address to be given to other families at Congregation Beth Israel. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____

How would you like your name and contact information to appear in the directory? (The directory is only given to Beth Israel families.)

Family Name

Phone Number (s)

Emails (s)

____ Please do not publish my number and email address

Student's Name

RELEASE FORMS & AUTHORIZATIONS

EMERGENCY TRANSPORTATION RELEASE:

In case of emergency, I authorize the staff of Congregation Beth Israel to take my child to the nearest emergency facility or the facility designated by an EMT for medical treatment. I understand that my child will be transported by ambulance and that I will be responsible for costs incurred for obtaining emergency medical services. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL CARE RELEASE:

I authorize the staff of Congregation Beth Israel to seek emergency medical treatment for my child and agree to pay all expenses incurred. I authorize the staff of Congregation Beth Israel to give medical emergency personnel and/or emergency room personnel permission to give medical attention to my child. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature _____ Date: _____

FIRST AID RELEASE:

I give my consent for the staff of Congregation Beth Israel to administer general first aid to my child when necessary. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____

PHOTO/AUDIO/VIDEO/WEBSITE RELEASE:

I give my permission for photographs, slides, video or audiotapes to be taken of my child to be used for our calendar, website, public relation purposes and the promotion of Congregation Beth Israel. I understand that none of the above may be used by the mass media for newspaper or television without my consent for usage. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____

MASS MEDIA RELEASE

I give my permission for photographs, slides, video or audiotapes to be taken of my child to be used by the mass media for newspaper or television without my child being identified by name. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____

OFF SITE ACTIVITY AND FIELD TRIP RELEASE:

I give my child permission to participate in off-site activities with staff members of Congregation Beth Israel. I understand my child will travel by bus or private car and will be accompanied by staff and parents of students at Congregation Beth Israel. I release Congregation Beth Israel from any and all liability that may arise from my child participating in such activities. I understand that for all field trips I will receive prior notice. This release is to remain in effect from September 1, 2013 through September 30, 2014.

Parent/Guardian Signature: _____ Date: _____