



# Religious School Registration Form 5768 /2007-2008

**Current Students:** Applications are due by June 1<sup>st</sup>.

**New Students:** Applications are due by August 1<sup>st</sup>.

## Student Information

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Hebrew Name \_\_\_\_\_

Grade in fall 2007 \_\_\_\_ Name of School \_\_\_\_\_

Child's mobile phone (emergencies only) \_\_\_\_\_

Child's email \_\_\_\_\_

## Class Registration

- |  |  |
|--|--|
| <input type="checkbox"/> Gan Katan (Pre-K T)               | <input type="checkbox"/> Hay (5 <sup>th</sup> Grade M/W) |
| <input type="checkbox"/> Gan (Kindergarten T)              | <input type="checkbox"/> Vav (6 <sup>th</sup> Grade M/W) |
| <input type="checkbox"/> Aleph (1 <sup>st</sup> Grade T)   | <input type="checkbox"/> Zayin (7 <sup>th</sup> Grade M) |
| <input type="checkbox"/> Bet (2 <sup>nd</sup> Grade T)     | <input type="checkbox"/> Ozrim (M or T or W)             |
| <input type="checkbox"/> Gimel (3 <sup>rd</sup> Grade T)   | <input type="checkbox"/> Tichon CS (T)                   |
| <input type="checkbox"/> Daled (4 <sup>th</sup> Grade M/W) |  |

## Previous Jewish Education

Name of School \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

## In Case of Emergency

In case of emergency, every effort will be made to contact the parents. In the event that neither parent is available, please contact one of the following individuals. Please note that this person must be local (in Manhattan ONLY).

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Mobile/Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Mobile/Phone Number \_\_\_\_\_

## Buddy Request

Some of our classes have more than one section. Each student may request one buddy with whom to be placed. Please note that we will do our best to honor your request but cannot guarantee placement with a buddy.

Buddy: \_\_\_\_\_

## Family Information

*Please include names of parents with whom the child currently lives. If a non-member parent would like to receive mailings from the synagogue, please see the second section below.*

•Parent 1 Name \_\_\_\_\_

Parent 1 Hebrew Name \_\_\_\_\_

•Parent 2 Name \_\_\_\_\_

Parent 2 Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

ZIP Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent 1 Profession/Title \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

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

Parent 2 Profession/Title \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

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

## Siblings

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Additional Parent Information

Please complete the information below if you would like a non-member parent to receive mailings from Habonim and the Religious School.

Non-Member Parent \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**OVER, PLEASE!**

### Emergency Pick-up Authorization

In case of emergency, I authorize the following Religious School families to take my child to their home to await pick-up by me.

Family #1 Name: \_\_\_\_\_

Family #2 Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

### Pick-up Authorization

In order to protect the safety and well being of your child, we ask that you designate those individuals **other than parents** who are authorized to pick up your child.

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone Number \_\_\_\_\_

### Travel Home

Please choose one of the following options and sign below.

My child has permission to walk home from Religious School. I understand that my child will be dismissed at 6:00 PM on Monday and/or Wednesday from Congregation Habonim.

My child does *not* have permission to walk home from Religious School. He/She will always be picked up unless I otherwise notify the Religious School.

Parent Signature \_\_\_\_\_

### Health and Safety Information

Does your child take any medication on a regular basis?

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

Does your child suffer from any allergies (especially food allergies)? *Please be specific.*

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

Does your child wear glasses? \_\_\_\_\_

Please sign below if you will permit the Religious School to administer Tylenol to your child **without** calling you first. If you do not sign below, we will **not** administer Tylenol without speaking first to a parent.

The Religious School may administer  
 Tylenol     Children's Tylenol  
to my child.

Parent Signature \_\_\_\_\_

### Getting to Know Your Child

Tell us how your child likes to learn: please provide us with a description of your child's learning style, and any ways that we might support your child's learning.

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

Does your child have any special needs of which we should be aware? Please explain:

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

### Student Photograph

Please attach a recent photograph of your child. A photograph will help your child's teacher to get to know your child before school begins, and will enable us to identify your child in case of emergency. ***This application will not be accepted without a photograph.*** Thank you very much in advance.

*Please attach a recent photograph of your child here.*



**OVER, PLEASE!**