

RELIGIOUS / HEBREW SCHOOL REGISTRATION FORM

5778– 5779 (2018-2019)

This information must be completed before the first day of Religious School. No student will be admitted to class without current registration forms and student information cards on file in the school office.

Registration

Parents' Names: _____ / _____

Parent's Last First Hebrew Parent's Last First Hebrew

Address: _____

Street Address City Zip

Important Numbers: _____

Parent's Home Number Cell Phone E-mail address

Important Numbers: _____

Parent's Home Number Cell Phone E-mail address

Please complete an information card for each child currently living in your household, their ages, birth date and grade level in public school. Please list Hebrew names if you have them.

IT IS VERY IMPORTANT THAT WE HAVE UP-TO-DATE MEDICAL INFORMATION FOR EACH CHILD ATTENDING OUR PROGRAM. (SEE POST CARD(S) INCLUDED IN PACKET) Please notify us immediately should this information change at any time during the year.

IN CASE OF EMERGENCY DURING RELIGIOUS SCHOOL, WE WILL TRY TO REACH YOU AT THE ABOVE NUMBERS. IF IT IS NECESSARY TO SEEK PROFESSIONAL MEDICAL ATTENTION, WHICH HOSPITAL AND DOCTOR DO YOU PREFER WE CONTACT:

HOSPITAL	DOCTOR/GROUP	PHONE #
----------	--------------	---------

Please check all that apply:

- I can read Hebrew and help work with Hebrew students.
- I am interested in volunteering in a class.
- I would like to be put on the substitute list.