

RELIGIOUS / HEBREW SCHOOL REGISTRATION FORM
5776 – 5777 (2016-2017)

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.

I. Registration

Parents' Names: _____ / _____
Parent's Last First Hebrew Parent's Last First Hebrew

Address: _____ **City** _____ **Zip** _____ / _____ **City** _____ **Zip** _____
Street address 2nd street address (if applicable)

Important Numbers: _____
Parent's Daytime Evening Fax **E-mail address** Pager Cell phone

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Please complete an information card for each child currently living in your household, their ages, birth date and grade level in public school (if applicable), and whether they will be attending Religious School in the fall. 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 anytime 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 would like to be a Room Parent. (Make occasional calls during the year, be a liaison with teacher and help with Shabbat dinner set-up when possible, etc.)
- I am interested in volunteering in a class.
- I would like to be put on the substitute list. My grade preferences include: _____
- I would like to work in the library.
- I would like to help provide child care to area churches on Christmas Eve (p.m.) and/or Easter Sunday (a.m.).