



THE TEMPLE
CONGREGATION ACHDUTH VESHOLOM

Meir Bargeron, Rabbi
Richard B. Safran, Rabbi Emeritus

RELIGIOUS / HEBREW SCHOOL REGISTRATION FORM

(2020-2021/5781)

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. All student families must be current members of Congregation Achduth Vesholom.

Student Registration

Student's Full English Name: _____

Student's Hebrew Name: _____ Date of Birth _____

Address _____

Name of PreK-12 School and Grade _____

| <u>Parent Name/Hebrew name</u> | <u>Email</u> | <u>Cell Phone</u> |
|---------------------------------------|---------------------|--------------------------|
|---------------------------------------|---------------------|--------------------------|

| | | |
|--------------|--|--|
| Parent _____ | | |
|--------------|--|--|

| | | |
|--------------|--|--|
| Parent _____ | | |
|--------------|--|--|

Address if different than student _____

I am interested in being a substitute teacher _____

I have special skills to share in the area(s) of _____

Please describe your child's learning style including any special accommodations:

IT IS VERY IMPORTANT THAT WE HAVE UP-TO-DATE MEDICAL INFORMATION FOR YOUR CHILD ATTENDING OUR PROGRAM. Please notify us immediately should this information change at any time during the year.

List specific health and/or behaviors we should be aware of while interacting with your child.

Please explain treatment/medications, etc.

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 #

When a parent cannot be reached:

Emergency contact/relationship _____ Phone _____

5200 Old Mill Road • Fort Wayne, Indiana 46807
260/744-4245 • FAX 260/744-4246 • Email: office@TempleCAV.org