

Congregation Brith Shalom Religious School

2009– 2010 5770

REGISTRATION FORM

ONE CHILD PER FORM: PLEASE PRINT ALL INFORMATION IN BLACK INK

Student's Name: Last		First		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate
Grade as of Sept. 2009		School		District		
Student's email address						
Child's Hebrew Name						

Mother		Father	
First and Last Names		First and Last Names	
Mother's Hebrew Name		Father's Hebrew Name	
Address		Address	
City	Zip	City	Zip
Home Phone ())		Home Phone ())	
Work Phone ())		Work Phone ())	
Cell Phone ())		Cell Phone ())	
Email		Email	

If parents are divorced or separated, with whom does child reside? Both Mother Father Other

Do you want all mailings from the Religious School to be sent to both parents? Yes No

Siblings	
Name	Grade
Name	Grade
Name	Grade

Emergency Contacts (please list two)	
Name	Phone ())
Name	Phone ())

Special learning and/or medical needs (or any other information we should have concerning your child):

1. In the event that I cannot be reached in an emergency, I authorize Congregation Brith Shalom to seek medical attention for my child.
2. My child has permission to participate in all class field trips. I will be notified in advance of all trips. I will notify the school in writing if my child is unable to participate.
3. My child has permission to leave school with _____ .

I have read and completed this form

Name of Parent or Guardian: _____

Date: _____