

Congregation B'nai Israel Religious School Registration Form (5765-5766)

Student's Full Name: _____ Home # _____

Student's Hebrew Name: _____ Date of Birth: _____ Sex _____

Address: _____

City _____ State: _____ Zip Code _____

Home Email _____ Student's Email _____

Name of Secular School _____ September 2005 Grade _____

If your child is in 6th grade or up, would he/she be interested in becoming a Teacher's Aide? _____

Father's Name _____ Religious Background _____

Work # _____ Cell /Pager # _____

Mother's Name _____ Religious Background _____

Work # _____ Cell /Pager # _____

In case of emergency (when we are unable to reach parents at above numbers)

First to call: Name _____ Phone# _____

Relationship to child: _____ Cell/Pager # _____

Second to call: Name _____ Phone# _____

Relationship to child: _____ Cell/Pager # _____

Pediatrician: _____ Hospital Preference: _____

Is your child taking any medication we should be aware of in case of a medical emergency?

Who is responsible for transporting your child to and from B'nai Israel?

Name: _____ Phone # _____

If applicable please give non-custodial parent's address and phone number.

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Report Card/School Mailings should be sent to (check one) Mother _____ Father _____ Both _____

Child's previous Jewish Education (please check) Reform _____ Conservative _____ Other _____

Number of years _____ Number of Days per Week _____ Number of hours _____

Religious School previously attended: _____

Student's Name _____

Does your child: Wear glasses _____ Wear a hearing aid _____

Have any special interest or talents that we may recognize and encourage in class? _____

Receive any special education support services with his/her regular education program? _____

Have any special learning and/or behavior problems we should be aware of? _____

Have any particular emotional needs that can influence his/her attitude in school? _____

Is there any other information about your child that you feel we should know to enable us to provide the best possible learning situation for him/her? _____

Names and Birthdays of Siblings:

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Signature _____ Date _____

Date joined B'nai Israel _____

We are always looking for new input into our school program:

Have you any background in education? _____

Have you ever taught Religious School? _____

Would you be interested in serving: _____ School Board _____ Parent Volunteer _____ Class Parent

Would you like to help with our Library Program? _____ Sundays _____ Wednesday _____

We (the parents) belong to the following Community Organizations _____

PLEASE RETURN THIS FORM FOR **EACH** CHILD ALONG WITH YOUR TUITION WORKSHEET AND DEPOSIT.

FORM WILL NOT BE ACCEPTED UNLESS BOTH SIDES ARE FILLED OUT