

## 2017-18 Congregation Shir Shalom Religious School Registration Form

**Photo Disclaimer: Please be aware that RS students may appear in school photos posted on our website or publically unless we have a written objection submitted at the time of registration.**

One registration form needed for **each** enrollee in the Religious School K-12 Programs. Return forms and payment to Lori Stalowicz in our business office. Membership needs to be in *good standing and* tuition **paid in full** for registration to be complete.

**Place “A” here if student has food or medication allergies (Add details on page 2)**

**Student's Grade: Fall 2017   Name of K-12 school attending:**

**Prior Hebrew instruction:** No \_\_\_\_\_ Yes \_\_\_\_\_ If not at Shir Shalom, # years \_\_\_\_\_

**Student Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Last Name                      First Name                      Hebrew Name**

**Home Address:** \_\_\_\_\_

Address	City	State	Zip
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**Home Telephone:** (      )     

**Date of Birth:**        /        /        **Today's Date:**        /        /

**School Attending 9/17:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Do you wish mailings to be sent to a parent living in another household?    Yes    No**  
**Name & Address:**

**Parent/Guardian** \_\_\_\_\_ (    ) \_\_\_\_\_  
**Names:** **Parent #1- Last Name, First Name** **Work Telephone**

**Parent #1 Email:**

\_\_\_\_\_  
**Parent # 2 - Last Name, First Name**      **( ) \_\_\_\_\_**  
**Work Telephone**

**Parent #2 Email:** \_\_\_\_\_

Cell Phone #s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Parent # 1 Parent # 2

*\*Contact information may be used by “Grade Parent” to create email lists.*

### Important Volunteer Opportunity:

**Elect to be a Grade Parent for the Above-Named Child**

(Please circle one)	Yes	Yes, if Needed	No
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**Please consider becoming a class parent. Responsibilities are minimal but it is in the interest of all Religious School families that each grade has a parent representative.**

**Class Placement Requests** - Parent may request placement of their child in class with *one* other student. Please do not list more than one name. Students will be placed together *only if* it is educationally appropriate: **Name of ONE friend:**

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<i>First name</i>	<i>Last name</i>
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**2017-18 Congregation Shir Shalom Religious School**  
**Emergency/Medical Information Form**  
**(Must be completed & signed)**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Responsible Parent and Telephone **(during Religious School hours):**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Alternate Contact For Emergency: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Adults listed here have permission to pick up my child at dismissal: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital preference for an emergency: \_\_\_\_\_

**Allergies to food:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

\_\_\_\_ Check here if allergies are seasonal. Allergy prescriptions year round: \_\_\_\_\_

Is the child taking medication regularly (not for seasonal allergies) or being treated for any condition? If so, please list/explain:

\_\_\_\_\_  
Any other important medical/educational needs during Religious School hours:

\_\_\_\_\_  
In consideration of services rendered, I \_\_\_\_\_, parent of \_\_\_\_\_ do hereby release Congregation Shir Shalom from any damage, injuries or other claims which may arise out of school or youth groups trips and functions during the school year.

This constitutes a complete waiver of any present or future claim the undersigned (on behalf of the family) may have regarding such functions and trips.

The temple has my permission for a staff representative to engage the services of a qualified physician or hospital staff member to perform emergency procedures that may become necessary for my child. I understand the synagogue is not insured for injuries to my child during such functions/trips.

**Parent Signature** \_\_\_\_\_

**Print Parent Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/17

**IMPORTANT: Please indicate in a separate attachment specific educational needs and/or conditions that apply to your child in order for us to best serve him/her (confidential). If your child receives special services in public school, please describe how *our school* can help support the educational process for him/her.**