



CONGREGATION BETH ISRAEL

ZVI PLICH HEBREW SCHOOL

2009-2010 REGISTRATION FORM

Please note that we must have a completed and signed registration form from every family by May 22nd, 2009.

Please use this form to register all the children in your family and please print clearly or type.

STUDENT INFORMATION

1 _____
First M.I. Last Hebrew
Age on September 10, 2009 _____ Birthdate _____ Secular Grade Level for 2009-2010 _____
Secular School Attending for 2009-2010 _____

2 _____
First M.I. Last Hebrew
Age on September 10, 2009 _____ Birthdate _____ Secular Grade Level for 2009-2010 _____
Secular School Attending for 2009-2010 _____

3 _____
First M.I. Last Hebrew
Age on September 10, 2009 _____ Birthdate _____ Secular Grade Level for 2009-2010 _____
Secular School Attending for 2009-2010 _____

PARENT INFORMATION

First M.I. Last Hebrew

First M.I. Last Hebrew

Preferred Email Addresses _____

Address _____

Address where children reside (if different) _____

Home Phone Number(s) _____ Cell Phone Number(s) _____

(continued on opposite side)

(continued from opposite side)

CLOSE-CONTACT INFORMATION

List two individuals in close proximity who can assume temporary care and/or transportation of your child if needed.

1. Name _____ Address _____
Phone Number _____

2. Name _____ Address _____
Phone Number _____

MEDICAL INFORMATION

Family Physician's Name _____

Address _____ Phone Number _____

Alternative Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Please use the space below if there are any physical, emotional, or medical issues (including allergies), and/or learning disabilities that you would like the school to be aware of. This information will remain strictly confidential.

1 _____

2 _____

3 _____

RELEASES AND PARENT SIGNATURE

MEDICAL RELEASE

If the school is unable to reach me in the case of an accident or an illness, I authorize the school to make whatever arrangements are deemed necessary. The school has no liability for medical costs, nor is it liable for any accident involving my child. The school will not administer any medication of any kind without written and explicit permission (telephone permission will not be sufficient). If any medication is administered, the school will send home an indication of the dosage and the time dispensed.

MEDIA RELEASE

I understand that my child's pictures may appear in newspapers, on television, on the Beth Israel website, in Beth Israel publications, or other communication tools to promote Beth Israel and the Zvi Plich Hebrew School.

___ I will allow my student to be photographed and included for the purposes explained above.

___ I will not allow my student to be photographed and included for the purposes explained above.

I have read and completed this form fully and truthfully and agree to the terms above.

Parent or guardian (print name legibly)

Signature

Date