



CONGREGATION
בית יעקב
BETH JACOB

Religious School Registration Form

Please update and return this form this form to Religious School Office

Did you make any changes or corrections? yes no

One Form Per Child

Grade in the Fall: _____

Please Indicate Choice of Session:

- First Session
 Second Session
 8th grade
 9th grade
 10th grade

Birthdate: ____ / ____ / ____

Notes for School Director or Teacher:

Hebrew Name: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____

Name of Public or Day School

***If you would like mailings to be sent to a second address, please copy this form and complete the contact information.*

REGISTERED

Yes No N

PARENT CONTACTS

Home:

Mother Name:

Mother E-mail:

Mother Cell:

Mother Work:

Father Name:

Father E-mail:

Father Cell:

Father Work:

Name of Physician: _____ Phone: _____ City: _____

Notes including: Allergies (food, medicine, etc.) _____

IEP, 504 Plan, OHD: Yes No In order to best help your child, please complete and return the **Special Needs Forms** with the Registration Forms.

Religious School Medical Notes

Medical Release: I/We hereby grant permission to Congregation Beth Jacob to call a physician for necessary medical care or hospitalization for my child in case of emergency, after attempting to notify me first. In case of injury (if parent or physician is not available), I/we, the undersigned parent(s) or legal guardian(s) of **First Name:** _____ **Last Name:** _____

_____ a minor, do hereby

authorize the appropriate personnel of Congregation Beth Jacob to either administer first aid that they deem necessary, or release the child to an emergency hospital or center for further treatment. I further release Congregation Beth Jacob, its officers, agents, and employees, from any and all liability arising out of the exercise of the permission granted herein. In the event of an emergency, should the school be unable to reach any of the emergency contacts, CBJ is authorized to transport that student.

Signature of Parent or Legal Guardian: _____ **Date:** _____

In addition to parents, Congregation Beth Jacob is authorized to contact or release my child to:

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____

Name: _____ Relation to Student: _____ Phone: _____

