



**Religious School Registration
2017-2018**

<u>age</u>

Name of student _____ Student's birth date _____

Student's Hebrew Name _____

Parent (1) Name _____ Email _____

Mailing address _____ City, Zip _____

Parent (2) _____ Email _____

Mailing address (if different) _____ City, Zip _____

Primary Contact: _____ Phone Number _____

I agree to read all RS emails and flyers for timely information (please initial) _____

Briefly describe your child's personality, interests, favorite activities, etc.:

Describe learning, social, or other details that will help us teach your child:

Describe an area of Jewish life or learning that you and your family would like to learn more about:

Authorization and Emergency Information 2017-2018
Congregation Beth Ami, Santa Rosa

Age

Student Name _____

In the event that parents cannot be reached, please contact:

Name/Relationship _____ Telephone _____

Name/Relationship _____ Telephone _____

Please list any allergies: _____

Please list any special dietary concerns: _____

Does your child have any health problems we should be aware of? _____

Is your child on any medications we should be aware of? _____

My child IS allowed to consume ___ sugar, ___ fruit juice.

Medical Contact Information:

Physician's Name _____ **Address** _____ **Phone** _____

Health Plan _____ **Policy #** _____

Hospital Preference (Should an emergency arise we will do our best to accommodate.)

Authorization for medical treatment during the 2017-2018 school year:

I authorize Congregation Beth Ami to call physician or to seek emergency room treatment for my/our child in an event of an emergency and agree to be responsible for any costs incurred.

Parent/Guardian _____ **Date** _____

Authorization for field trips during the 2017-2018:

I give permission for my child to participate fully in all religious school activities for the 2016-2017 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent/teacher carpools, school buses, or walking, and that I will be informed beforehand of all such trips.

Parent/Guardian _____ **Date** _____

Authorization to use images for publicity: I give permission for images of my child taken at Religious School and CBA events to be published in our cybershul, website, or in other material created for publicity purposes. No names or personal information will be used without permission.

Parent/Guardian _____ **Date** _____