



Kabbalat Kids Registration Form  
2018-2019  
Wednesday's 1:15 – 2:00 PM

age
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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) \_\_\_\_\_

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.:**

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

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

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**Authorization and Emergency Information 2018-2019**  
**Congregation Beth Ami, Santa Rosa**

<u>Age</u>
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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 2018-2019 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 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** \_\_\_\_\_