

# Congregation Or Chadash Religious School

## Student Registration Information Form 2018-2019

<b>Student Information</b>	Last Name: _____ First Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Child's Cell Phone: _____ Student E-mail (to receive class information): _____ Child's Hebrew Name (English and Hebrew letters if known): _____ Religious School Grade in August: _____ Public School Grade in August: _____ Name of Weekday School: _____ Does student have any special needs that might affect his/her learning experience in religious school (medical, learning disabilities, emotional issues, family issues, etc.)? Please specify (Use back if necessary): _____ Would you like to be contacted by our Special Needs/Inclusion Director? _____
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<b>Parent/Guardian 1</b>	Last Name: _____ First Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____ E-mail: _____ Congregation Member*? _____ <b>* One parent/guardian must be a member of Congregation Or Chadash.</b>
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<b>Parent/Guardian 2</b>	Last Name: _____ First Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____ E-mail (to receive all educational memos and information): _____ _____ Congregation Member*? _____
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<b>Contact Information</b>	Does the student reside full time with both parents listed above? _____ If "No," who is the parent with primary custody? _____ Which parent should be contacted first in event of emergency? _____ Which parent/guardian should receive school mail? _____ Which parent/guardian should receive school E-mail? _____ I give permission for student birth date, address and phone to be listed in school roster. _____
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<b>Emergency Information</b>	<p style="text-align: center;"><i>In case of emergency, an effort will be made to contact the designated Parent/Guardian. Please give two additional contacts in the event that the Parent/Guardian cannot be reached.</i></p> Name: _____ Phone: _____ Relationship: _____ Name: _____ Phone: _____ Relationship: _____ Pediatrician or Family Doctor: _____ Phone: _____ Medical Conditions and Allergies (Cont. on back pg.): _____ _____ Current Medications: _____ Hospital Preference (if possible): _____ The following person(s) MAY NOT remove my child from the school: _____
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**YOUR INVOLVEMENT IS CRITICAL TO OUR SUCCESS!**

Our children and Religious School benefit when you model your leadership and commitment by volunteering your time. Get a first-hand look at what your child is learning by being involved. We need you to give us some of your time. Please select any activities that interest you. You will be contacted by a volunteer coordinator when needed.

\* Families of students receiving financial aid are requested to choose at least 3 volunteer opportunities.

Parent Involvement

<input type="checkbox"/> Room Parent	<input type="checkbox"/> Education Committee	<input type="checkbox"/> Holiday Celebrations	<input type="checkbox"/> Field Trip Coordinator
<input type="checkbox"/> School Office Help	<input type="checkbox"/> Community Events	<input type="checkbox"/> Making Phone Calls	<input type="checkbox"/> End-of-Year Party
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Social Action Committee	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other

Additional Information

Please list adverse reactions to allergies, the preferred method of treatment and any additional information we may need in case of an emergency:

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Please list any additional information we may need to help with your child's learning experience.

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**Please return this form with \$150 Registration Fee payable to Congregation Or Chadash. Membership dues and Religious School tuition fees are not included with this application.**