

Congregation Or Chadash Religious School

Student Registration Information Form

2019-2020

Student Information	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? _____	

Parent/Guardian 1	Last Name: _____ First Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	Home Phone: _____ Business Phone: _____ Cell Phone: _____
	E-mail: _____ Congregation Member*? _____
	* One parent/guardian must be a member of Congregation Or Chadash.

Parent/Guardian 2	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*? _____

Contact Information	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. _____	

Emergency Information	<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>		
	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: _____			

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:

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

Return this form with a check in the amount of \$150 payable to Congregation Or Chadash.

Religious School Tuition Fees and a Membership Packet will be mailed separately.