



RELIGIOUS SCHOOL REGISTRATION FORM

Student's Name	Hebrew Name	DOB	Age	Gender	Grade in school this fall _____
1.					
2.					
3.					
4.					
5.					

Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Mother's Name:	Father's Name:
Cell #: _____ Work #: _____	Cell #: _____ Work #: _____
Residence:	Residence:
Employer:	Employer:
Business Address:	Business Address:
Which phone number is best to reach you? <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other _____	Which phone number is best to reach you? <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other _____
Email:	Email:

If living arrangements of the child are not with parent, please indicate with whom the child lives and their relationship to child: _____



PLEASE FILL OUT IF **NEW** TO CONGREGATION NER TAMID'S RELIGIOUS SCHOOL PROGRAM:

Student's Educational History:

Please describe any formal Jewish Education your child has participated in: _____

Please describe any formal Hebrew Language Education your child has participated in: _____

Parent or Guardian

Date

Parent or Guardian

Date



CONGREGATION NER TAMID'S RELIGIOUS SCHOOL
Student Medical Information

Student name: _____ D.O.B.: _____

Student's doctor and phone number: _____

Doctor's address: _____

List any known allergies, as well as severity and treatment method: _____

List any physical or other limitations your child has, and any special procedures to be followed in caring for your child: _____

Does your child have any special needs that might affect his/her learning experience in Religious School (e.g., cognitive impairments, learning disabilities, emotional/behavioral issues, sensory impairments, medical needs)? yes no

If yes, please explain: _____

List any medications student is currently taking, including dosage and frequency: _____

Describe any special dietary restrictions: _____

To the best of my knowledge, _____ is in good physical and mental condition and capable of active participation in all activities except for the following:

Parent or Guardian

Date

Authorization for Emergency Medical Care

I hereby give my permission to Congregation Ner Tamid's Religious School and the agents, officers, and servants thereof to choose and secure emergency medical treatment and for chosen doctor, hospital, or medical service to provide emergency medical care and/or surgery for my child, _____

It is understood that every effort will be made to locate the parents/guardian, or one of the emergency contacts listed on this form before any treatment is sought. I agree to cover any expense incurred by such treatment.

Parent or Guardian

Date



CONGREGATION NER TAMID'S RELIGIOUS SCHOOL
Liability Form

The undersigned hereby agrees to release Congregation Ner Tamid's Religious School, and its officers, employees, agents and servants from liability for any injury or loss of any kind that might be suffered by the undersigned, the children of the undersigned, or any other minors who are under the control of the undersigned, by way of guardianship or otherwise, where such injury or loss arises during or in any way in connection with, any field trip conducted by Congregation Ner Tamid's Religious School, or its agents, officers or employees. The term "field trip" as used herein shall include any activity of any sort, including the transportation of children or adults which occurs on property owned or leased by Congregation Ner Tamid's Religious School. This release shall operate to bar liability for injury or loss resulting from any cause whatsoever, except insofar as such injury or loss results from the gross negligence of any employee of Congregation Ner Tamid's Religious School.

Dated this ____ day of _____, 20____

Parent or Guardian

Parent or Guardian