

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?		Which phone number is best to reach you?		
Email:		Email:		

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



Transportation: Persons authorized to pick up your child from Sunday school

1				
name	address	phone number		
2	address	nhana number		
name	address	phone number		
3name	address	phone number		
Emergency Contact:				
Relationship:				
Home #:	, work #:	, and cell #:		
Please initial the following	statements and sign below.			
advised of any sign	ificant changes in enrollment info	ngregation Ner Tamid's Religious School ormation concerning phone numbers, home ncy contact, family physicians, etc.		
I acknowledge that and departure.	my child will be escorted by an a	adult into and out of the school at arrival		
	y child may be invited to particip d I understand that I will be notifie	oate in field trips and special activities away ied of these events in advance.		
	otos of my child to be used in Reli omotional materials.	ligious School and Congregation Ner Tamid		
	name, address, and phone numbe ed to all students in the Religious	er may be included in a Religious School s School.		
The majority of Religious S	School communications will be m	nade via email.		
Yes, I have regular acces	ss to email. Preferred email for sc	chool communications		
mom dad bot	h			
I acknowledge readi	ng the Congregation Ner Tamid Re	Religious School Parent Handbook on the website.		
I have reviewed the monthly payments.		entire amount of tuition now or agree to make		
Are you interested in volur	nteering for the religious school?	yes no		
Are you interested in being	g a substitute teacher for religiou	us school? 🗌 yes 🗌 no		
Please list special skills/talents you would be interested in sharing with our program:				



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 treatmer	nt method:
List any physical or other limitations your child has, and for your child:	any special procedures to be followed in caring
Does your child have any special needs that might affect (e.g., cognitive impairments, learning disabilities, emotio medical needs)?yes no	
If yes, please explain:	
List any medications student is currently taking, includin	a dosade and frequency:
Describe any special dietary restrictions:	
To the best of my knowledge, condition and capable of active participation in all activi	

Parent or Guardian

Date

Authorization for Emergency Medical Care



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