



5777/2016-2017 RELIGIOUS SCHOOL REGISTRATION

Please complete one registration form for each child.

Student (Last) _____ (First) _____ (Middle) _____

Entering Grade: _____ in Fall, 2016 Date of Birth: _____

Hebrew Name: _____ Secular School Attending: _____

We are members of: Temple Emanu-El _____ Congregation Beth Shalom _____

CONTACTS (Please list the first parent to be contacted as Parent 1)

Parent 1) Name: _____

Parent 1) Address: _____

Parent 1) Home Phone: _____ Cell Phone: _____

Parent 1) Email Address: _____

Marital Status: (Circle) Married /Divorced /Single /Other Religious Background: Jewish / Other _____

Parent 2) Name: _____

Parent 2) Address: _____

Parent 2) Home Phone: _____ Cell Phone: _____

Parent2) Email Address: _____

Marital Status: (Circle) Married /Divorced /Single /Other Religious Background: Jewish / Other _____

Child resides with: _____

Did your child go to camp this summer? If so, what is the name of the camp? _____

Regarding Parent Contacts: AN ACTIVE, REGULARLY CHECKED EMAIL IS ESSENTIAL TO OUR COMMUNICATION PLAN, which includes school information and classroom updates. Let us know if your email changes from what you are submitting today.

Contact Person (other than parent): _____ Relation to Student: _____

Phone Number: _____

Health Insurance Policy # and Insurer: _____

Special Information: Please share any special information about your child that will help us work with him/her more effectively. ALL INFORMATION SHARED WILL BE KEPT CONFIDENTIAL!

1. Are there any special health matters which we should be aware of? Physical restrictions? Medications?

2. Please list and explain any learning differences (e.g. learning disabilities, behavior disorders, ADD, ADHD, etc.) Please let us know if your child has an IEP or receives special services at school.

3. Please list any dietary restrictions, food allergies, etc., that we need to know. (If there is a chance that your child will need an EpiPen, inhaler, Benadryl, etc. during school hours, please provide an unopened package of the medication, instructions, contact phone numbers in a plastic zip-lock bag, and a permission slip which will be required.)

Name of Child's Family Physician: _____

Physician's Phone No.: _____

STUDENTS MUST BE UP-TO-DATE ON IMMUNIZATIONS. AN IMMUNIZATION SCHEDULE SHOULD BE PROVIDED.

I give my consent for my child to receive medical services in case of an emergency and for pictures of my child to be taken and used in Religious School communications, promotions, and publicity (including Facebook and Instagram).

Parent's Signature _____ Date _____

Please return all religious school registration materials to:

Yachad Religious School
c/o Temple Emanu-El

14450 W. 10 Mile Rd., Oak Park, MI 48237

Or Email to: Educatorbest@gmail.com and complete payment arrangements with the Temple's bookkeeper.