

Congregation Beth Shalom Religious School Registration Form

Entire Form Must Be Completed *in Full* for Your Child to be Enrolled in School

Student and Contact Information (Please Update Information Below and Fill-in Where Needed)

Student's Last Name: _____ First Name: _____ Hebrew Name: _____

Gender: _____ Birthdate: _____ Current Age: _____

Grade in secular school, Fall 2019: _____ Grade in Hebrew school: _____

Name of secular school: _____ School District: _____ (Helps with Calendar Planning)

Student's Primary Street Address: _____

If student resides at more than one residence, please explain. _____ Subdivision _____

Any custody issues we should know about? Yes No Interested in Carpooling? Yes No

Can we use pictures of your student in web, television or print publications indefinitely? Yes No

Child resides with ___ Mother ___ Father ___ Both ___ Other _____

1. Father Name: _____

2. Mother Name: _____

E-mail: _____

E-mail: _____

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Can we text weather alerts/ class updates to cell phone? Yes No

Address if different from the student's: _____

Important Medical Information About Your Child

Physician's Name: _____ Telephone Number: _____

Insurance company _____ Plan/Group#: _____ Policy#: _____

Emergency Contact Information (contacts other than Mother and Father listed above):

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people as authorized to pick up my child. If there should be an emergency, the following people are authorized to pick up my child:

Name: _____ Relationship to child: _____

Telephone Number(s): _____ Cell # _____

Name: _____ Relationship to child: _____

Telephone Number(s): _____ Cell # _____

Please Fill-in Below - It is important for us to have up-to-date information to meet any needs your child may have.

Please list any allergies, medications or health issues we should be aware of: _____

Permission for Emergency Treatment

Congregation Beth Shalom Religious School and its representatives have my permission, in an emergency when my physician or I cannot be contacted, to administer care and treatment for my child for illness or injuries. The CBS representative may secure medical treatment for my child in a medical emergency if, in his/her best judgment, further delay might jeopardize the welfare of my child. I agree to release and hold harmless CBS and its representatives for administering or authorizing the administration of medical care to my child, providing they are following my written instructions on this Permission Form or are making a good faith attempt to provide for the welfare of my child in an emergency. I give permission to CBS and its representatives to release pertinent medical information from my child's medical file in order to facilitate medical care.

Signature of Parent or Guardian

Date

Please contact the Religious School if your child develops any serious health problems during the year or if any contact information changes.

Please complete both sides

Special Issues: In order to effectively plan and maximize your child's opportunities for success in Religious School please complete the information below.

Does your child have any learning difficulties that require support within a school environment?

_____yes _____no

Is your child receiving services under a 504 plan, an IEP, a problem-solving plan or other formal education plans? _____yes _____no

If so, please provide a current copy of the above plan to the Education Director with registration forms.

Is your child currently being tutored? _____yes _____no What subject? _____

Does your child read English ___at grade level ___above grade level ___below grade level?

Does your child have difficulty participating in group activities? _____yes _____no

On an additional page, please explain any "yes" answers above.

Please include any additional information that you feel would assist us in making this year a better learning experience for your child.

Policy Acknowledgement Form – 2019-2020 School Year

In order to indicate your understanding of the following Religious School policies, parents are required to initial in the spaces provided and sign below. This form must be returned with your Religious School registration packet. Full Parent Manuals will be distributed on the first day of school. Thank you for your cooperation.

ATTENDANCE POLICY--- The relationship between a religious school and its students represents a covenant between the teachers, the parents and their children. It represents a commitment to their community and classmates. Regular class attendance is vital toward building both Jewish knowledge and connection to the community. Attendance is required on a regular basis.

When a student's attendance begins to fall below an acceptable level, the parent(s), teacher, student and Education Director will meet to review the child's progress and discuss ways in which the child can meet the school's standards. This discussion will include a review of future attendance obligation. While individual cases vary, this conference will be required no later than when a student's attendance rate falls below 75% over a three-month period.

Improvements in attendance must be immediate and will be formally assessed again a month after the first conference. Should a student's attendance continue to decline, or if he/she fails to meet the future attendance requirements established in the first conference, then a second conference will occur. At this point, a determination may be made whether the student can adequately continue their progress towards grade completion.

_____ (please initial)

SNACK POLICY---Children will be prohibited from bringing any food items other than water bottles into the Synagogue for religious school. This policy has been adopted due to allergy issues, kashrut observance, and to improve classroom management.

_____ (please initial)

SECURE DROP-OFF/PICK-UP POLICY---Children who are being dropped off for religious school must enter the front door only. Parents wishing to escort their children into the building must park in the parking lot and then enter the building with their child(ren) through the front door. **Due to updated security policies, lobby doors are locked. To enter the building, please ring the bell in the foyer.** Parents wishing to enter the building to pick up their child(ren) must park in the parking lot and enter the building through the front door only. Children not being escorted out of the building with their parent will exit through the **back door only.** **There is NO PICK UP IN THE FRONT CIRCLE.** Parents will not be permitted to enter the building from the back door. Please observe the one-way traffic directions as posted. This policy is based on the recommendations of the Naperville Police Department and is designed solely to help ensure the safety and security of your child(ren).

_____ (please initial)

DISCIPLINARY POLICY – Parents agree on behalf of themselves and their minor children to abide by the terms of the disciplinary policies as stated in the handbook.

_____ (please initial)

I and my child will follow the policies set forth in the CBS student handbook/Parent Manual.

Parent Signature _____ Date _____

Parent Name (Please Print) _____

Please complete both sides