

# 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 Fill-in Information Below)

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Preferred Pronouns (optional): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Grade in secular school, Fall 2024: \_\_\_\_\_ Hebrew School Grade: \_\_\_\_\_ Secular School Name: \_\_\_\_\_ District: \_\_\_\_\_  
Student's Primary Street Address: \_\_\_\_\_  
\_\_\_\_\_

If student resides at more than one residence, please explain. \_\_\_\_\_  
Any custody issues we should know about? Yes \_\_\_ No \_\_\_ Interested in Carpooling? Yes \_\_\_ No \_\_\_ Subdivision \_\_\_\_\_  
Can we use pictures of your student in web, television or print publications indefinitely? Yes \_\_\_ No \_\_\_  
Do you have Internet/computer access at home? Yes \_\_\_ No \_\_\_  
Child resides with \_\_\_\_\_ Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_  
1. Parent/Guardian 1: \_\_\_\_\_ 2. Parent/Guardian 2 \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_  
Parent/Guardian Address if different from the student's: \_\_\_\_\_

## Emergency Contact Information

### Emergency Contact Information (contacts other than Parent(s)/Guardian(s) 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: \_\_\_\_\_ Cell # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ 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/Guardian

\_\_\_\_\_  
Date

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

## 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 \_\_\_\_\_

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.  
\_\_\_\_\_

What are some things your child is interested in to help us better connect with them? \_\_\_\_\_  
\_\_\_\_\_