

Congregation Beth Shalom Religious School Registration Form

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

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

Preferred Pronouns (optional): _____ Birthdate: _____ Current Age: _____

Grade in secular school, Fall 2025: _____ Hebrew School Grade: _____ Name of secular school: _____ School District: _____

Student's Primary Street Address: _____

If a 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 ☐ Can we text weather alerts/class updates to cell? Yes ☐ No ☐

Child resides with: Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Both ☐ Other: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Email: _____ Email: _____

Cell: _____ Home/Work: _____ Cell: _____ Home/Work: _____

Parent/Guardian Address if different from the student's: _____

Important Medical Information About Your Child

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 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.

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 receive small group academic, functional, behavior, social supports within a school environment? Yes ☐ No ☐

Is your child receiving services within a school environment under a 504 plan, IEP, Behavior Support Plan? Yes ☐ No ☐

If yes to any of the above, please provide a copy of above to the Education Director prior to the start of religious school.

Is your child currently being tutored? Yes ☐ No ☐ What subject? _____

Does your child read English? At grade level/above ☐ Below grade level? ☐

Does your child have difficulty participating in group activities? Yes ☐ No ☐

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? _____

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