KESHER KI RELIGIOUS SCHOOL Registration Form 2011-2012

PLEASE PRINT

STUDENT INFORMATION

Last Name _____ First _____Middle_____

M____ F____

Hebrew Name _____

Birth Date _____

KESHER KI RELIGIOUS SCHOOL (Grades 3rd through 7th)

Sunday and Tuesday _____

JUNIOR CONGREGATION

Saturday_____

****

ALEPH ALL STARS (K through 2nd grade)

Sunday _____

SHABBAT CLUB

Saturday_____

****

Incoming Public/Private School Grade _____

School Name _____

Parent/Guardian Information

Parent/Guardian 1_____Parent/Guardian2_____

Home Address _____ Home Address_____

_____ _____

Phone (h) _____Phone (w) _____ Phone (h) _____Phone (w)_____

Cell _____ Cell _____

Email _____ Email_____

I am interested in carpooling to/from Religious School. Please have someone contact me Yes _____ No _____

PHOTOGRAPHY RELEASE: I hereby give consent for photographs, film, video or sound recordings to be taken of anyone in my family at *Kehilath Israel* Synagogue or at a ***Kehilath Israel* Synagogue** sponsored activity during the 2011-2012 academic year. We further consent that such photographs/recordings may be used in ***Kehilath Israel* Synagogue** publications, promotional materials, news releases, film, video, websites or sound production as directed and approved by ***Kehilath Israel* Synagogue**.

Parent/Guardian 1 Name _____Parent/Guardian 2 Name _____

Signature (1)_____Signature(2)_____

Date _____ Date_____

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KESHER KI RELIGIOUS SCHOOL INDIVIDUAL STUDENT LEARNING and MEDICAL FORM

This form will remain confidential.

Information is used to provide the best learning environment for your child and to provide the proper care in an emergency situation.

Last Name _____ First Name _____ Middle Name_____

Birth Date _____

Parent(s)/Guardian(s) with whom child resides _____

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LEARNING INFORMATION

What are your child's learning strengths?

_____

_____

_____

_____

_____

_____

What are your child's learning needs?

_____

_____

_____

_____

_____

Does your child have an **Individual Educational Program** or **International Language Program**, or is he/she receiving any individualized attention at school?

No _____ Yes _____ Explain?

_____

_____

_____

Are you willing to share the information with the **KESHER KI Religious School** Director? No _____ Yes _____

I would like to talk with: Teacher _____ Director _____

_____

_____

_____

Is there anything else we should know about your child to be able to help him/her excel in the classroom?

_____

_____

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MEDICAL INFORMATION

Last Name _____First Name _____Middle_____

Birth Date _____

What allergies (including food) does your child have?

_____

Is your child presently taking medication on a continuing basis? ____ If yes, name and dosage of medication

_____

_____

_____

Prescribed for what condition _____

Are there any family arrangements which we should be aware of in case of emergency?

_____

Since minors may not, as a rule, be administered an anesthetic or have surgery performed on them without the consent of a parent or guardian, we are requesting that parents or guardians sign the following statement. In the event we have difficulty reaching the parent or guardian the signed statement will prevent a dangerous delay in case an emergency arises whereby hospitalization and/or surgery may be required.

Parents: Please be aware that we DO NOT administer to students any medications of any kind at **KESHER KI Religious School.**

In the event of illness or injury to our son/daughter _____,

we hereby authorize the staff of ***Kehilath Israel Synagogue*** to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

Doctor's Name _____ Phone _____

Health Insurance Information (necessary for any treatment)

Company's Name _____ ID # _____

Group # _____

Insured's Full Name _____

Parent/Guardian Signature _____ Date _____

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KESHER KI EMERGENCY AUTHORIZATION FORM

Emergency authorization in the event we are unable to be reached

(Name) _____

Relationship _____

Phone _____Cell _____

I have read and completed the above information to the best of my knowledge.

Parent/Guardian Name (Please Print)_____

Parent/Guardian Signature _____

Date _____

****

PERMISSION for FIELD TRIPS

I/We give permission for our child _____ to attend all **KESHER KI** Field Trips. (**KESHER KI** will keep parents informed of trip places, dates and times).

I would like to chaperone _____

Parent/Guardian Signature _____

Date _____

****

KESHER KI PARENTS ASSOCIATION FORM

In an effort to keep costs down and maintain the quality of our educational programs, we rely on every parent/guardian to make the commitment to participate in at least one of our many volunteer opportunities. It is important that we, as role models for our children, involve ourselves in their Jewish Education. From time to time, we will call upon you to volunteer *in* ***Kehilath Israel*** **Synagogue** activities. The school staff and your child(ren) look forward to your participation.

Please make a selection from the following list.

As you choose which activities **to volunteer**, please consider your child's Jewish Education as a priority.

Chesed Visits

Parent name _____Phone _____

Shiva Food

Parent name_____Phone _____

Transportation to Events/Services

Parent name _____ Phone_____

Programming_____

Parent name _____Phone _____

WHAT SKILLS AND TALENTS ARE YOU WILLING TO SHARE WITH *KEHILATH ISRAEL* SYNAGOGUE?

_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____

Thank You!