

# CONGREGATION SHIR CHADASH CONFIDENTIAL RELIGIOUS SCHOOL REGISTRATION FORM 2018-2019

To register your child(ren), please fill out the form below:

Child #1 \_\_\_\_\_ Gender \_\_\_\_ Birthdate \_\_\_\_\_ Grade – 2018-2019 \_\_\_\_\_  
                     First Name                      Last Name

Allergies, medications, food restrictions: \_\_\_\_\_

Does your child have an IEP or special arrangements in Public School? \_\_\_\_\_ If so, what accommodations are recommended? \_\_\_\_\_

Child #2 \_\_\_\_\_ Gender \_\_\_\_ Birthdate \_\_\_\_\_ Grade -2018-2019 \_\_\_\_  
                     First Name                      Last Name

Allergies, medications, food restrictions: \_\_\_\_\_

Does your child have an IEP or special arrangements in Public School? \_\_\_\_\_ If so, what accommodations are recommended? \_\_\_\_\_

**PARENT(S)' PHONE NUMBER(S) [In case of an emergency]** \_\_\_\_\_

**Emergency Contacts (if you are not available):**

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Relationship			
Phone Number(s)			

**Family Name and Address:**

\_\_\_\_\_  
 \_\_\_\_\_

**Adult #1 Information**

Name and Address (if address is different):

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Adult #2 Information**

Name and Address (If address is different from Adult #1):

\_\_\_\_\_

Home Phone(If different from Adult #1): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (If different from Adult #1): \_\_\_\_\_

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE SHIR CHADASH RELIGIOUS SCHOOL STUDENTS AND TO SHARE PARENT CONTACT INFORMATION WITH SCHOOL PARENTS FOR NON-PROFIT USE**

1. I, hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of (Print Student’s Name(s)):

\_\_\_\_\_  
\_\_\_\_\_

I also grant to Congregation Shir Chadash the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Congregation Shir Chadash and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2. I, hereby give Congregation Shir Chadash permission to use my contact information in a list for parents in the Religious School, in order to allow communication between parents for special school events and to arrange carpools.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any Questions: Sue Marcoe, Education Coordinator, 20212 Emilie Lane, Pleasant Valley NY 12569; 845-723-4045; [sfmarcoe@gmail.com](mailto:sfmarcoe@gmail.com)**

**To complete this registration, please send Registration Fee of \$100 for 1st child, and \$75 for each additional child to: Jim Thrasher, Treasurer, 31 Timberline Drive, Poughkeepsie, NY 12603; 845-462-1966; [jdt845@yahoo.com](mailto:jdt845@yahoo.com).**

**Thank you!!**