

CONGREGATION SHIR CHADASH
CONFIDENTIAL RELIGIOUS SCHOOL REGISTRATION FORM 2017-2018

FAMILY: _____

Child #1 _____ M/F ____ Birthdate _____ Grade - Sept. 2017 ____
First Name Last Name

Allergies, medications, food restrictions: _____

Does he/she have an IEP or special arrangements in Public School? _____ If so, what accommodations are recommended? _____

Child #2 _____ M/F ____ Birthdate _____ Grade - Sept. 2017 ____
First Name Last Name

Allergies, medications, food restrictions: _____

Does he/she have an IEP or special arrangements in Public School? _____ If so, what accommodations are recommended? _____

Child #3 _____ M/F ____ Birthdate _____ Grade - Sept. 2017 ____
First Name Last Name

Allergies, medications, food restrictions: _____

Does he/she 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 Contact 1 Emergency Contact 2 Emergency Contact 3			
Name			
Phone Number(s)			

Emergency Contacts (if you are not available):

Please check a box and sign: _____

I GIVE Congregation Shir Chadash permission to use photos of my child(ren) in its publicity such as in the Voice, on the Shir Chadash Website, and in local newspapers, etc.

I DO NOT GIVE Congregation Shir Chadash permission to use photos of my child(ren) in its publicity such as in the Voice, on the Ship Chadash website, in local newspapers, etc.

Please complete the information below.

If you are already a Temple Member, or have enrolled in our school in a previous year, please check one of the following:

There have been no changes in my contact information in the last year.

I have completed the information for any changes below.

If you are a new family, please complete all information below.

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): _____