

CONGREGATION SHIR CHADASH
CONFIDENTIAL RELIGIOUS SCHOOL REGISTRATION FORM 2019-2020

To register your child(ren), please fill out the forms below and return or email to:
Sue Marcoe
20212 Emilie Lane, Pleasant Valley NY
sfmarcoe@gmail.com

FAMILY: _____

Child #1 _____ M/F ____ Birthdate _____ Grade - 9/19 ____
 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 - 9/19 ____
 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 - 9/19 ____
 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 Contacts (if you are not available):

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

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): _____

**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: _____

Address of Parent/Guardian: _____

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.

Please indicate what contact information you would want us to use:

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address: _____

***Your signature:** _____ Date: _____

To complete this registration, please send Registration Fee of \$100 for 1st child, and \$75 for each additional child to:

Jim Thrasher, 31 Timberline Dr., Poughkeepsie, NY 12603