

2007 – 2008 STS Religious School Registration Form

(Both sides must be completely filled out at time of registration)

Please Print Clearly!

Child's Last Name _____ Child's First Name _____

Secular School Attending _____

Religious School Grade/Class _____ (i.e. STU2, STS4, TTE6 – see Curriculum Description)

Mother's Name _____ Home Phone # _____

Home address _____

cell # _____ work # _____

email address _____

Raised in what kind of home? (circle one) Orthodox Conservative Reform Non-practicing Other (non-Jewish)

Father's Name _____ Home Phone # _____

Home address _____

cell # _____ work # _____

email address _____

Raised in what kind of home? (circle one) Orthodox Conservative Reform Non-practicing Other (non-Jewish)

If the parents are divorced or separated, with whom does the child primarily live with? Mother Father

If the parents are divorced or separated, should school mailings be sent to both households? Yes No

If "NO", to whom should the school mailings be sent to? Mother Father

It is imperative that you complete the following completely and honestly

List any allergies your child has: _____

List any medications your child takes regularly: _____

Describe how these medications may affect his/her concentration, classroom performance, behavior, attitude, etc. (This information will be kept strictly confidential). _____

Treatment protocol for medication(s) at school: _____

Emergency - Medical – Disaster –Information Form

If I/We are unable to reach the school, you are authorized to release my child to the following:

<u>Name of Adult</u>	<u>Relationship to Student</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of child's physician _____

Address _____ Phone # _____

Name of child's dentist _____

Address _____ Phone # _____

In case of injury or illness at school, every effort will be made to contact the parent(s) or guardian(s). If you cannot be reached, the school should notify:

Name _____ Relationship to student _____ Phone # _____

Name _____ Relationship to student _____ Phone # _____

MEDICAL RELEASE: After attempting to notify me/us first, I/We hereby grant permission to Shormei Torah Synagogue to call a physician for necessary medical care or hospitalization for my child in case of an emergency. In case of injury, I/We the parent(s) of _____, a minor, do hereby authorize the appropriate personnel of Shomrei Torah Synagogue to either administer first aid that they deem necessary or release my child to an emergency hospital or center for further treatment.

I/We further permit my child to attend all planned trips arranged by the Shomrei Torah Synagogue Religious School and do release Shomrei Torah Synagogue, its officers, agents and employees, from any and all liability arising out of my child's participation in such activities.

Mother's signature Date Father's signature Date

Out of State Contact:

Name _____ Phone # (____) _____

Relationship to student _____