



RELIGIOUS SCHOOL

Registration 2011/2012 ~ 5772

Student 1 _____ **Boy** _____ **Girl** _____
Name **Last** **First** **Hebrew**
 ___ New Student ___ Continuing Student Date of Birth _____
 Name of Secular School/Grade _____ Grade in Religious School _____

Student 2 _____ **Boy** _____ **Girl** _____
Name **Last** **First** **Hebrew**
 ___ New Student ___ Continuing Student Date of Birth _____
 Name of Secular School/Grade _____ Grade in Religious School _____

Student 3 _____ **Boy** _____ **Girl** _____
Name **Last** **First** **Hebrew**
 ___ New Student ___ Continuing Student Date of Birth _____
 Name of Secular School/Grade _____ Grade in Religious School _____

FAMILY INFORMATION

	Parent #1	Parent #2
Name:		
Religious Background:	___ Orthodox ___ Conservative ___ Reform ___ Other	___ Orthodox ___ Conservative ___ Reform ___ Other
Comments:		
Address:		
City/Zip:		
Phone:		
E-mail:		
Cell/Pager:		
Occupation:		
Work Phone:		
Marital Status:		
Spouse/Partner's Name:		

- Does student reside with both parents? ___ If not, with whom does the student reside and when? _____
 Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___
- We will send mailings to both parties unless instructed otherwise and approved by both parties.
 Send only to: _____ Approved by: Father _____ Mother _____
- We distribute class lists to all families. May we include your name, address and phone number as written above?
 ___ Yes ___ No If no, how may we list you and your child? _____
- Comments about your child/children's religious school experience:

- If your child/children are new to this school, what is their Jewish education background?
 Preschool _____ Religious School _____ Other _____ When & where? _____

TEMPLE MENORAH RELIGIOUS SCHOOL

MEDICAL AND RELEASE FORM 2011/2012 ~ 5772

EMERGENCY MEDICAL & FIELD TRIP PERMISSION

Student 1 _____ **Grade 2011-12** _____

Student 2 _____ **Grade 2011-12** _____

Student 3 _____ **Grade 2011-12** _____

I hereby authorize Temple Menorah Religious School or its authorized representatives, as agent(s) for the undersigned to consent to any medical diagnosis or treatment rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medicine Practice Act, as is necessary for the benefit of my child/children. The authorization is given in advance of any specific diagnosis or treatment, and is given to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any such diagnosis and/or treatment which the aforementioned physician and/or surgeon in the exercise of his/her judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the current school year.

Signature of Parent/Guardian _____

Date _____

PLEASE CHECK ONE:

I hereby grant permission for my child/children, to participate in all activities and to go on all trips arranged by Temple Menorah Religious School staff. Any field trip requiring transportation must be separately authorized.

OR

I do NOT grant permission for my child/children, to participate in all activities and to go on all trips arranged by Temple Menorah Religious School staff. I understand that my refusal to consent to the foregoing will cause Temple Menorah Religious School to disallow the aforementioned student to go to the park or on class field trips.

Temple Menorah may use my child's photograph or electronic likeness in promotional materials. **Approval:** _____

Signature of Parent/Guardian _____

LEARNING/MEDICAL INFORMATION

DOCTOR'S NAME _____ DOCTOR'S PHONE# () _____

DENTIST'S NAME _____ DENTIST'S PHONE# () _____

Student 1 _____ Daily Medications: _____ Date of last tetanus shot _____

Student 2 _____ Daily Medications: _____ Date of last tetanus shot _____

Student 3 _____ Daily Medications: _____ Date of last tetanus shot _____

My child/children may/may not (**CIRCLE ONE**) be given Tylenol, and /or Benadryl in school (**INITIAL**)- _____

PLEASE LIST:

* Allergies to medication or food

* Medical, physical or learning conditions that may affect student's performance or behavior in class

Student 1 _____

Student 2 _____

Student 3 _____

Please explain further. (Information is confidential) _____

IF THE SCHOOL IS UNABLE TO REACH ME, YOU ARE AUTHORIZED TO RELEASE MY CHILD/CHILDREN TO THE FOLLOWING:

Name of adult _____ **Relationship to student** _____ **Phone#** _____

1. _____

2. _____

3. _____