

Ohev Shalom Religious School and Hebrew High School
Registration Form
For School Year 2009-2010

Religious School High School
 Returning Student New Student

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I give permission for my child's address and phone number to be printed in the School Directory. Yes No

I give permission for my child's photograph to be used in the synagogue newsletter, website or in the local press in conjunction with educational matters. Yes No

Secular School Grade as of September 2009: _____ Name of Secular School: _____

School District: Council Rock Neshaminy Centennial Other: _____

Student's Email: _____

Student lives with: Both Parents Parent 1 Parent 2 Each, part time Other: _____

Send mail to: Both Parents Parent 1 Parent 2 Other: _____

Parent 1 Name: _____ Parent 1 Hebrew Name: _____

Parent 1 Email: _____ Parent 1 Occupation: _____

Parent 1 Address (if different from above): _____

Daytime Phone: () - _____ Evening Phone: () - _____

Pager: () - _____ Mobile Phone: () - _____

Parent 2 Name: _____ Parent 2 Hebrew Name: _____

Parent 2 Email: _____ Parent 2 Occupation: _____

Parent 2 Address (if different from above): _____

Daytime Phone: () - _____ Evening Phone: () - _____

Pager: () - _____ Mobile Phone: () - _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM.
PLEASE SEE OUR HANDBOOK FOR WITHDRAWAL POLICIES.

For Office Use Only

Member Account: _____ Class Assignment: _____

Registration Fee Received: Date _____ Check # _____ Charge _____ Amount \$ _____

In order to help us provide the best educational and youth group experience for your child, please provide the following information:

Please check all that apply.

- Wears glasses Wears contact lenses Speech problem Hearing difficulty
 Comprehension problem Short attention span Overly active Easily Upset
 Other : Please explain _____

Please check if your child has any learning difficulties or special educational needs:

- Dyslexia Reads below grade level Has difficulty copying from the board
 Cannot reproduce on paper what is seen on board or in books Has an IEP from secular school
 Other: Please explain: _____

Is your child taking any medication? No Yes If yes, please list: _____

Does your child have any allergies? No Yes If yes, please list: _____

If there is an emergency and we are unable to reach the parents, please give us the names of persons to be notified:

Name: _____ Telephone: () - _____
Relationship to Student: _____ Cell Phone: () - _____
Name: _____ Telephone: () - _____
Relationship to Student: _____ Cell Phone: () - _____

In case of injury or illness while your child is at school, every effort will be made to contact the parent or emergency contact. The following instructions will remain in force unless revoked by the parent/guardian in writing.

***If the injury is minor, give my child first aid: Yes No

***If illness or injury is serious and a parent cannot be reached, please contact our personal physician or dentist:

Yes No
Name of Physician: _____ Telephone: () - _____
Name of Dentists: _____ Telephone: () - _____

Medical Insurance Company Name: _____

Group Number: _____ Plan Number: _____

In case of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that every effort will be made to contact me immediately.

X Parent Signature: _____ Date: _____

Educational and Recreational Field Trip Waiver

My child has my/our permission to go on educational and recreational trips sponsored by the Religious School and Youth Program of Ohev Shalom of Bucks County. I understand that I will be informed of all such trips ahead of time. This form serves as permission in case the primary form cannot be located. I understand that students may travel by bus and/or private car and will be accompanied by staff and/or parents. I understand that every reasonable effort will be taken to ensure my child's well-being and safety during these supervised activities. I release Ohev Shalom of liability in case of mishap or injury to my child.

X Parent Signature: _____ Date: _____

PLEASE SIGN AND DATE BOTH "X" LINES. THANK YOU