



DUE BY JUNE 13 – PLEASE FULLY COMPLETE A SEPARATE FORM FOR EACH CHILD ENROLLED

NOTE: HALF TUITION IS DUE WITH THIS REGISTRATION – IF SPECIAL ARRANGEMENTS ARE NECESSARY, CONTACT SHEILA FELDMAN BEFORE SUBMITTING THESE FORMS.

STUDENT: _____ New Returning

Last Name First Name Hebrew Name

Date of Birth Age Name of Public or Day School Secular Grade in Fall '11

Check the class your child will attend for **Torah School**:

Gan Katan (3-4) Gan (K) Alef (1st) Bet (2nd) Gimmel (3rd) Daled (4th) Hey (5th)
Vav (6th) Zayin (7th) Atid Shalom (8th–12th)

Check the class your child will attend for **Hebrew School**:

Adat Shalom: Gimmel (3rd) Daled (4th) Hey (5th) Vav (6th)
OR
Adat East Satellite Program: Gimmel (3rd) Daled (4th) Hey (5th) Vav (6th)
OR
Offsite Hebrew A Gimmel (3rd) Daled (4th) Hey (5th) Vav (6th)
OR
Offsite Hebrew B (Limited availability – must call Director of Education for more information)
Gimmel (3rd) Daled (4th) Hey (5th) Vav (6th)

HOME INFORMATION: Please complete this information on the registration form for each of your children.

Parent #1

Last Name First Name Home Phone

Street Address City State Zip Cell Phone

Email Address Daytime Phone

Parent #2

Last Name First Name Home Phone

Street Address City State Zip Cell Phone

Email Address Daytime Phone

With whom does your child reside? _____

Do you have custody concerns? Yes No Are multiple mailings desired? Yes No

EMERGENCY CONTACT: Please provide emergency contacts in the event we are unable to reach a parent. By providing this person as your emergency contact, you are giving us permission to send your child home with this person. If possible, please include another student's family.

Last Name First Name Home Phone Cell Phone Work Phone

**IMPORTANT HEALTH INFORMATION AND
PERMISSION FOR EMERGENCY MEDICAL TREATMENT:**

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Student Name: _____

Please list current daily and emergency medications and note whether any of these medications are life-preserving. In case of emergency, please give the Torah School a three-day supply of all medication.

<u>Medication</u>	<u>Dosage/Time</u>	<u>Purpose</u>

1. Has your child had asthma requiring medical attention in the past two years? If yes, explain _____

2. Does your child have any health problems you feel the school or emergency personnel should be made aware of? If yes, explain _____

If your child has allergies, or has had an allergic reaction, please fill out the following.

If it is severe, please provide the Torah School with the appropriate forms and medications.

Allergic to: _____

Child's usual reaction: _____

Action to be taken: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

Adat Shalom Reconstructionist Congregation (ASRC) and its representatives have my permission, in an emergency when my physician or I cannot be contacted, to administer care and treatment for my child (including, but not limited to, administering listed medications) for illness or injuries. The ASRC representative may hospitalize and/or secure medical treatment for my child in a medical emergency, if in his/her best judgment; further delay might jeopardize the welfare of my child. I agree to release and hold harmless ASRC and its representatives for administering or authorizing the administration of medical care to my child, providing they are following my written instructions on this Permission Form or are making a good faith attempt to provide for the welfare of my child in an emergency. I give permission to ASRC and its representatives to release pertinent medical information from my child's medical file in order to facilitate medical care.

Signature of Parent or Guardian

Date

Physician's Name

Physician's Tel#

Medical Insurance Company

Policy #

Please contact the Torah School Office if your child has any serious health problems during the year.

Student Name: _____

To accomplish our goal of providing the most appropriate program for our students during the time they spend at Torah School, we need your help. It is clear that you know your child better than anyone else, and that your insight and information are invaluable. Please help us understand your child's learning style by being as complete as possible. Be assured that this information is kept confidential and is read only by the Director of Education and Youth and the child's teachers/tutors. If you would like to discuss some of this information personally, contact the Director of Education to make an appointment.

Tell us about your child's learning strengths and how we can best address any strengths or special needs.

What are your expectations for the coming year for your child?

- Does your child have difficulties participating in group activities? o Yes oNo
- Does your child have any learning difficulties? o Yes oNo
- Is your child receiving services under a 504 plan, an IEP, or other formal educational plan? If yes, please supply a copy to the school. o Yes oNo

Please Explain any "yes" answers above on the back of this page.

Does your child read English: o Above grade level? o On grade level? o Below grade level?

Given a choice would your child choose friends who are Academic Creative Athletic

Friend in Torah School Class Request: You can request that your child be placed in the same class with one friend for Judaics. Provide only one name and request that your child's friend's family do the same. This request cannot be guaranteed, due to the many factors that go into class makeup. **Requests must be received by July 1st in order to be considered.**
I request my child be place with _____.

Friend in Hebrew School Class Request: You can request that your child be placed in the same class with one friend for Hebrew School. Provide only one name and request that your child's friend's family do the same. This request cannot be guaranteed, due to the many factors that go into class makeup. **Requests must be received by July 1st in order to be considered.**
I request my child be place with _____.

PHOTO RELEASE: We hope that you will allow us to use pictures that include your student in our communications and publicity. Check here if you do **NOT** want your child's picture to be used in any Adat Shalom Torah School or Hebrew School communications or in any Adat Shalom Reconstructionist Congregation publicity materials.

NO: I do not grant Adat Shalom Reconstructionist Congregation and the Adat Shalom Reconstructionist Congregation's Torah School the right and permission to use and publish photographs or pictures of my child, or those in which my child may be included. If this box is not checked, I hereby release, discharge, and agree to hold harmless Adat Shalom Reconstructionist Congregation and the Adat Shalom Reconstructionist Congregation's Adat Shalom Torah School, as well as each of their legal representatives and all persons acting under its authority, from any liability by virtue of use of photographs or pictures of my child.

Signature of Parent or Guardian

Date