

For Office Use Only
Date Rec'd _____
Check No _____
Check Amt _____

Adat Shalom Torah School
Student Registration Form 2004-05/5764-5

Student:

New

Returning

Last Name

First Name

Date of Birth

Age

Name of Public or Day School

Secular Grade in Fall '04

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

Ganon (PreK) Gan (K) Aleph (1st) Bet (2nd) Gimmel (3rd) Daled (4th)

Hey (5th) Vav (6th) Zayin (7th) Chet (8th) K'nafayim (9th-11th)

What Hebrew class was your child in last year? _____

For Adat East Hebrew students: Gimmel (**If enrollment is sufficient.**) Daled Vav

If applicable, please provide the name and phone number of your child's tutor: _____

Home Information:

Parent #1

Last Name

First Name

Home Phone

Street Address

City

State

Zip

Cell Phone

Daytime Phone Number

Email Address

Parent #2

Last Name

First Name

Home Phone

Street Address

City

State

Zip

Cell Phone

Daytime Phone Number

Email Address

With whom does your child reside? _____

Do you have custody concerns? Yes No

Are multiple mailings desired? Yes No

Emergency Contact information:

Please provide the name of someone we can call in the event of an emergency if we are unable to reach a parent. Please list at least one person your child could go home with in an emergency (preferably another student's family).

Last Name

First Name

Home Phone

Cell Phone

Work Phone

Last Name

First Name

Home Phone

Cell Phone

Work Phone

Last Name

First Name

Home Phone

Cell Phone

Work Phone

Important Health Information:

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.

Additional Information:

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 is 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 Toni Bloomberg Grossman, Education Director and the child's teachers/tutors. If you would like to discuss some of this information personally, feel free to contact Toni to make an appointment.

General Information about your child:

Tell me about your child's learning strengths.

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

How can we best address your child's strengths and needs?

Special Issues:

Does your child have any learning difficulties? Yes No

Is your child receiving services under a 504 plan, an IEP, or other formal educational plan? Yes No

Is your child currently being tutored? Yes No

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

Does your child have difficulties participating in group activities? Yes No
Explain any "yes" answers above.

Given a choice would your child choose friends who are

- Academic
- Creative
- Athletic

Friend in Class Request: You can request that your child be placed in the same class with **one** friend for Judaics. This request cannot be guaranteed, due to the many factors that go into class makeup. It will be reviewed by the Education Director in conjunction with your child's prior teachers. Requests must be received before July 1st in order to be considered.
