



### Shabbat School Education Program Registration and Emergency Form 2017-2018/5778

**Required**  
Attach a  
photo of  
your child  
here!

Rebecca Goodman • Director of Youth Education • 415.940.7098

(Please Print Clearly)

#### Student Information

Name _____	Date of Birth _____	Gender _____
Student Email _____	Student Personal Phone _____	
Secular School _____	Grade in Secular School _____	
Hebrew Name _____	Grade in CBS' Education Program _____	

#### Parent/Guardian Information

If parents live in separate households, student lives with:

Both Parents     Parent I only     Parent II only

If parents live in separate households, send mail to:

Both Parents     Parent I only     Parent II only

#### Parent/Guardian I

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day/Work Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Interests \_\_\_\_\_

#### Parent/Guardian II

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day/Work Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Interests \_\_\_\_\_

Sibling(s) name(s)/grade(s) \_\_\_\_\_

#### Emergency Contacts – OTHER THAN PARENT

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### Medical and Dental Information

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Insurance Company _____	Policy #: _____

By checking this box, I request that my child's name and/or picture  
NOT be included in congregational brochures, newsletters, website,  
and other promotional material.

↩ Additional Information & Signatures Required on Reverse Side ↪

For office use – ID#

Date received: \_\_\_\_\_

Database     Bookkeeper

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical and Dental Information, continued

Please indicate all medical and psychiatric conditions including asthma, allergies, depression, or dietary restrictions. All information is kept strictly confidential and given only to appropriate staff, child's teacher, and emergency personnel (if appropriate/necessary).

Is your child taking medication (including for emotional or psychological reasons)?  Yes  No

Medication name and dosage: \_\_\_\_\_

For what condition is medication being taken? \_\_\_\_\_

Does your child have or has s/he ever had any of the following?

Allergies  Yes  No

An anaphylactic reaction  Yes  No

Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes  Yes  No

Hyperactivity or Attention Deficit  Yes  No

Special dietary needs  Yes  No

Any significant life changes or disruptions about which we should be aware  Yes  No

**If you answered "yes" to any of the above questions, please describe:**

\_\_\_\_\_  
\_\_\_\_\_

The Educator and Office Staff have my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child.

Yes  No

### Additional Information

We are committed to providing all children with the tools they need to succeed at their religious education and exploration, academically and socially. To assist us, please provide us with the following information (*additional pages may be attached*):

What is the most important thing that we should know about your child? \_\_\_\_\_

What motivates your child? \_\_\_\_\_

Can we make any special accommodations for your child to give him/her the most positive learning experience? \_\_\_\_\_

Does your child have any special needs that you would like to share with the religious school staff? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### Volunteer Opportunities – Please check all appropriate boxes below

**We need your help!** Parent participation is vital to the family life of our community.

YES, I'll be a Room Parent for THIS child's class. Room Parents help coordinate parent participation, social event for the class, assist with field trips, coordinate class gifts for teachers, organize meal delivery for a family in transition (births/deaths), etc. Each class needs at least one Room Parent.

YES, I'd like to help out the Education Committee by volunteering my time.

YES, I'd like to buddy with a new family!

YES, I'd like to help with holiday celebrations (i.e. sukkah building, Hanukkah party, hamantaschen baking, etc).

YES, other: \_\_\_\_\_

### PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

- In the event of any emergency affecting the health or welfare of our child during which I/we cannot be immediately contacted, I/we authorize Congregation Beth Sholom personnel to seek emergency medical care, and I/we agree to assume responsibility for the cost of this care.
- I/We permit my/our child to attend all planned trips arranged by CBS Shabbat School, and release CBS, its officers, agents, and employees from any and all liability arising out of my child's participation in such activity.
- I/We agree to uphold matters of school and behavior policy pertaining to my/our child as outlined in the Shabbat School Education Program Handbook.
- I/We agree to notify the office in writing of any changes to the information listed on this form.
- I/We understand that payment for programs must be paid prior to the first class unless special arrangements have been made. (Please contact our Interim Director of Finance, Missy Sue Mastel Horwitz at 415.940.7095 for financial questions).

Signature of Parent/Guardian (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_