

**Congregation Or Shalom Religious School
Registration Form for 2015-16**



Make your check payable to "Congregation Or Shalom".

This year the Religious school's fee is part of Or Shalom Membership pledge

Please fill out one form for each child in your family, although you may write one check for your family.

Student's name: _____

Student's Hebrew name: _____

Home address: _____

Home Phone: _____ Date of Birth: _____

Secular School Grade as of September: _____ Religious School Grade as of September _____

Secular School Name: _____

Parent/Guardian Information

Mother's name: _____

Address, if different than student's: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email address: _____

Father's name: _____

Address, if different than student's: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email address: _____

Student lives with: _____ To Whom Should Mail Be Sent _____

NOTE: Please alert both the congregational office and the school office of any changes with your e-mail address



EMERGENCY AND MEDICAL INFORMATION

Please indicate an alternate contact in the event you are not available:

Student's name: _____

Name of emergency contact: _____

Relationship to student: _____ Phone: H: _____
Cell: _____

Doctor's name: _____ Phone: _____

Medical Insurance Company: _____ Group ID: _____ Plan: _____

Does your child have any illnesses, medical conditions or chronic conditions of which school personnel need to be aware? Please make sure to also personally inform the director and the teachers of this condition.
(i.e., asthma, dietary restrictions, allergies, food allergies, hearing, vision, speech) If yes, please describe.

Is your child taking any medications? If yes, please list:

Congregation Or Shalom cannot be responsible for administering any medications to any student.
Please administer your child's medications at home, before your child comes to school.
Please do not send medications with your child to school.

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

I give permission to the staff at Or Shalom to administer first aid to my child when (s)he is in attendance during religious school or religious school events. In case of a medical emergency, I authorize the staff at Congregation Or Shalom to obtain emergency medical treatment for my child.

Parent signature: _____ Date: _____



OR SHALOM PROMOTIONAL CONSENT

Consent for Release of Photographs, Print Materials and Electronic Media

I hereby grant permission for my child to be photographed, videotaped or interviewed by Congregation Or Shalom or any of its authorized agents, and consent to the publication, broadcast or other use of said material. In addition, intending to be legally bound, I, for myself, my heirs, executors and administrators, release Congregation Or Shalom and any parties acting on its behalf and with its approval, from liability for such use of my child's images or words.

Signature: _____ Date: _____