

# Religious School Registration Forms

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## Section A: Family Contact Information

### PRIMARY CONTACT:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## SECONDARY CONTACT:

*Skip to next section if there is no secondary contact.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: If there is a secondary contact, all emails and mailings will go to both contacts. In case of urgent need, the primary contact will be notified first.*

Phone: \_\_\_\_\_

*Skip to Next Section if the Address is the same as the Primary Contact:*

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**OPTIONAL EMAIL CONTACT:**

Email: \_\_\_\_\_

*Address of any other adult you would like added to our Religious School email communications list.*

**EMERGENCY CONTACT:**

*In case neither the primary or secondary contact can be reached.*

First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

## Section B: Student Enrollment Information

**IMPORTANT: THIS SECTION (Pages 4-6) MUST BE FILLED OUT FOR EACH STUDENT YOU ARE ENROLLING**

### Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Hebrew Name (If Known): \_\_\_\_\_

Hebrew Name (In English, If Known): \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

Pronouns: \_\_\_\_\_

Phone Number (if applicable): \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

*This address may be used to send homework and/or school updates.*

Grade for 2023-24 School Year: \_\_\_\_\_

Secular School Name: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**Special Learning Needs:**

*If yes, please call the office if you would like to sit down with your child's religious school teacher before the school year begins so that we are able to discuss the best ways to support your child.*

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**Major changes/disruptions in the student life this year?:**

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**Allergies or Medications:**

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*STUDENT NAME:* \_\_\_\_\_

Has the student received any COVID-19 vaccinations?

☐ No

☐ Yes

☐ Yes, but has not completed the two week waiting period

Please check all the vaccinations Student 1 has had:

☐ Chickenpox (varicella)

☐ DTap

☐ Hepatitis A

☐ Hepatitis B

☐ Polio (IPV)

☐ MMR

Does the student carry an Epi-Pen?:

☐ No

☐ Yes

Does Student 1 have an IEP or 504 plan?

☐ No

☐ Yes

## Section C: Insurance Information

If Emergency medical care is needed and you cannot be reached, please list the following:

Insurance Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Insurance company Phone Number: \_\_\_\_\_

## Section D: Release Forms

By signing my name below, my child(ren) have permission to participate in the Congregation Keneseth Israel Religious School. I authorize the staff to obtain emergency medical care for my child(ren) in the event such care is indicated. I understand that every effort will be made to notify a parent/guardian prior to treatment.

Signature: \_\_\_\_\_

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

*Your child's photo may be taken in our classrooms or special events. Images of your student(s) taken at KI's events might be published on our social media, website or mailed publications. Children are never identified by name in publications.*

Do you give permission for your student to appear in these publications?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

The following adults have permission to pick up my student(s):

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## Section E: Payment Information

1<sup>st</sup> Student - \$685

2<sup>nd</sup> Student - \$548

3<sup>rd</sup> Student - \$411

4<sup>th</sup> Student - \$411

Payment can be split, with a minimum \$250.00 due at sign up

Please enclose payment, full or partial, via a check made out to Congregation Keneseth Israel or enter your credit card information below to have it billed.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Questions? Please contact the office at (610) 435-9074