

KESHER TEENS SCHOOL REGISTRATION 2019-20



Beth Tikvah B'nai Jeshurun
 1001 Paper Mill Road Erdenheim, PA 19038
 215-836-5677 www.btbj.org office@btbj.org

Please complete a separate form for each student. Be sure to fill out both sides of the form.

Student's Name _____ Sex _____
Last First

Hebrew Name _____ Birth date ____ / ____ / ____

Street Address & City _____ Zip Code _____

Secular School _____ Grade (as of September 2019) _____

Previous Jewish Education (if not BTBJ) _____

Siblings (Name, Age) _____

****** Please indicate which phone number we should call first (with a star next to the phone number) ******

Parent/Guardian 1 Name (including title)	Parent/Guardian 2 Name (including title)
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Business Phone _____	Business Phone _____
Occupation	Occupation
Email Address (for communicating religious school updates)	Email Address (for communicating religious school updates)

Marital Status	To whom should mail and email be sent?
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VITAL DATA FORM

EDUCATIONAL INFORMATION

Is your child receiving any special education services at his/her secular school?
If yes, please indicate the type of services/accommodations he/she is receiving.

The following would be helpful for our teachers/staff to know (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> wears glasses | <input type="checkbox"/> wears contact lenses | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> overly active | <input type="checkbox"/> difficulty with speech | <input type="checkbox"/> difficulty focusing & sustaining attention |
| <input type="checkbox"/> hearing difficulty | <input type="checkbox"/> difficulty with comprehension | <input type="checkbox"/> needs support in social situations |
| <input type="checkbox"/> easily upset | <input type="checkbox"/> difficulty copying from the board | <input type="checkbox"/> other (please explain) |
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MEDICAL INFORMATION AND EMERGENCY MEDICAL RELEASE

Is your child taking any medications? Yes No

If yes, please list all medications and any additional information that the school would need to know

Epi-Pen? Yes _____ No _____

Allergies? Yes _____ No _____

Please list any food allergies/sensitivities/intolerances:

Do we have permission to administer the following medication if your child is not feeling well?

Acetaminophen Yes No Contact me first Dosage _____

Ibuprofen Yes No Contact me first Dosage _____

Benadryl Yes No Contact me first Dosage _____

Family Physician _____ Phone _____

Name of 2 people other than parent or guardian who can be called in case of emergency:

_____	_____	_____	_____
Name	Address	Relationship	Phone

_____	_____	_____	_____
Name	Address	Relationship	Phone

Signature of Parent or Guardian _____ Date _____

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KESHER TEENS PERMISSION FOR WALKING TRIPS AND OUTSIDE MEETINGS

Yes, I give my child _____ permission to participate in walking trips and class meetings outside around the synagogue property and playgrounds. I agree to assume the risks upon such events and do hereby release and agree to hold BTBJ harmless from any responsibility for injury, loss or damage to such events. I understand that should my child have a trip off-site from BTBJ there will be a separate permission slip required for participation.

No, I do not give permission for my child to participate in walking trips and/or class meetings outside around the synagogue property and playgrounds

PHOTO & MEDIA RELEASE

Recording events, celebrations, class progress and individual students on film is an important part of school life. We ask that you give your permission for your child(ren), you and/or your family to be included in our BTBJ photo collection, website, newsletter, Facebook page, and school publications. We also recognize that parents may take pictures or videos of school events, the use of which is beyond our control (such as parents personally posting photos or videos on the web). We ask that all families be sensitive to the desire of other parents and take down or blur out a child, if asked to do so.

BTBJ may publish photographs/images and/or quotations of members of my family.

Please check the appropriate box(es) below:

Yes, BTBJ may publish photographs/images and/or quotations of my child, and members of my family.

No, I do not give permission for BTBJ to publish photographs/images and/or quotations of my child, and members of my family.

Other:

Signature of Parent or Guardian

Date