

Congregation Etz Chaim
Religious School Registration Form 2019-2020



Please take a close look at the information that is filled in for your child, making corrections/additions as needed.

<i>Child's Name</i>	<i>Hebrew Name</i>	<i>Birthdate (Mo/Day/Yr)</i>	<i>Gender (M/F)</i>	<i>Grade Sept. 2019</i>	<i>School Attending 2019-2020</i>

Home Address: _____
 Street City, State Zip Subdivision

Parent/Guardian #1 (mother if applicable)
 Name _____
 Relationship to Child(ren): _____
 Home #: _____
 Cell #: _____ Work #: _____
 Email: _____
 Address (if different from child(ren): _____

 Occupation: _____
 Please send all electronic communications to this email address.

Parent/Guardian #2 (father if applicable)
 Name _____
 Relationship to Child(ren): _____
 Home # (if different from parent #1): _____
 Cell #: _____ Work #: _____
 Email: _____
 Address (if different from child(ren): _____

 Occupation: _____
 Please send all electronic communications to this email address.

Emergency Contact #1 (other than parent/guardian)

Emergency Contact #2 (other than parent/guardian)

Siblings not being enrolled (name/birthdate/grade): _____

Parental Status: Married Separated Divorced Single Widowed
 Child's Living Arrangements: Both Parents Mother Father Other
 Child's Legal Guardian(s): Both Parents Mother Father Other

(Over)

For Office Use Only
 Date Received: _____ Date of Check: _____
 Check#: _____ Amount: \$ _____
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In order to help us get a better understanding of the families in our program, please answer the following (circle your answer):

<i>Parent Information</i>	<i>Parent #1</i> <small>(As indicated on front)</small>	<i>Parent #2</i> <small>(As indicated on front)</small>	<i>Volunteer Interest</i>	<i>Parent #1</i> <small>(As indicated on front)</small>	<i>Parent #2</i> <small>(As indicated on front)</small>
Attended a Religious School	<input type="checkbox"/>	<input type="checkbox"/>	Room Parent	<input type="checkbox"/>	<input type="checkbox"/>
Had a Bar/Bat Mitzvah Ceremony	<input type="checkbox"/>	<input type="checkbox"/>	School Wide Holiday Programming	<input type="checkbox"/>	<input type="checkbox"/>
Can read/decipher Hebrew words	<input type="checkbox"/>	<input type="checkbox"/>	Snack Bar	<input type="checkbox"/>	<input type="checkbox"/>
Would like to learn more about raising Jewish children	<input type="checkbox"/>	<input type="checkbox"/>	Library	<input type="checkbox"/>	<input type="checkbox"/>

Photo Release

I hereby give my permission for Congregation Etz Chaim to use any and all photos of my child for the purposes of marketing and advertising in various publications. Such publications include Religious School Newsletters, the Congregation Etz Chaim Website, Congregation Etz Chaim’s Voice of Chaim and any promotional materials for Fundraisers. No other permission is necessary to be given for use of these photos.

- Yes, I give my permission
- I also give permission for photos of my child(ren) to be shared on social media sites such as the Religious School page on facebook.
- No, I do not give my permission

Parent Handbook Confirmation (Initial here indicating you have read this section _____)

In an effort to eliminate unnecessary printing and mailing costs, we have elected not to print the Parent Handbooks for all of our families each year. Handbooks are available on our website. We are happy to provide you with a paper copy should you request one. Signing below indicates that you have read the student handbook and agree to support the policies established by the Etz Chaim Religious School Board of Education.

- I am a new parent to the Religious School and would like a printed copy of the Handbook.

Medical

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns **(Please explain. If not applicable, please write “NONE” below.)**

Emergency Medical Authorization

Should _____ suffer an injury or illness while in the care of Etz Chaim Religious School and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child(ren) as may be necessary. I (We) shall assume responsibility for payment for services.

My child will be transported to Children's Healthcare of Atlanta at Scottish Rite.

Parent’s Signature _____ Date _____