



Kurn Religious School Registration 5780

New families, please complete both pages. **Returning families, Please fill in any changes** in your children's information since the last time that you filled out registration and emergency forms at the Temple Emanu-El Kurn Religious School. **Fill in the bottom section of page 1 annually.**

	First Name	Last Name	DOB	Grade	M-F School	School District
Child 1						
Child 2						
Child 3						
Child 4						

These students live with: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Home phone 2: _____ Cell phone 2: _____

Email 1: _____ Email 2: _____

Everyone please fill out this section:

The Kurn Religious School can give my child(ren) medication (e.g. Tylenol) as deemed necessary.

____ Yes ____ No

My child(ren)'s images may be used anonymously in internal publications like the Temple Times and weekly emails. ____ Yes ____ No

My child(ren)'s images may be used anonymously in internal and external materials, including websites, publicity, and social media. ____ Yes ____ No

My child(ren) may attend field trips during/ after Religious School hours and events with JCTEY (High school youth group) and JJCTEY (Middle school youth group). My child(ren) may ride in private transportation to/ from field trips. I will be notified of the details of field trips ahead of time. ____ Yes ____ No

In case of injury or sudden illness, _____ should be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/ her health and safety. I understand that I will accept the expense of this service.

We also communicate through the Remind app, which can go to a cell phone, an app, or an email. Can we add you to Remind? ____ Yes ____ No. Or check here if we can keep sending you messages ____

At what phone number or email address? _____

We send out emails to families on a weekly basis. May we add you to our email list? ____ Yes ____ No

What email addresses should we send them to? _____

If your child(ren) are not already signed up for PJ Library books, may we sign them up? ____ Yes ____ No

Parent/ Guardian name

Parent/ Guardian signature

Date

Does your child have allergies? (please specify): _____

Does your child carry any medication and/ or medical devices? _____ Yes _____ No If yes, please specify:

Are there any physical conditions that we should be aware of? _____ Yes _____ No If yes, please specify:

Does your child have any identified physical, emotional, behavioral, developmental, or learning differences we should be aware of? _____ Yes _____ No If yes, please explain: _____

If yes, does your child have an IEP or 504 Plan, or other type of modified instruction or behavioral procedures at a M-F school? _____ Yes _____ No

If yes, would you be willing to share this with us confidentially to help in developing an appropriate Jewish education plan? _____ Yes _____ No

Please list any special instructions or information that you feel we should know:

In case of an emergency or if I cannot be contacted to pick up my child(ren), I hereby authorize the following person(s) to pick up my child:

Name: _____ Cell Phone: _____ Phone 2: _____

Name: _____ Cell Phone: _____ Phone 2: _____

The following person(s) MAY NOT remove my child(ren) from school (Copy of court order required if person is parent or legal guardian):

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

If medical care is necessary, please call:

Doctor Name: _____ Phone: _____

Hospital Name: _____ Does your child have insurance coverage: _____ Yes _____ No

Insurance company: _____ Policy Number _____