UNITED JEWISH CENTER
RELIGIOUS SCHOOL REGISTRATION 2022-2023

THIS FORM MUST BE COMPLETED IN FULL, **FOR EACH CHILD.**

Name of Child _____Gender_____
(Last) (First) (M.)

Child's Hebrew Name (if known) _____

Home Address _____
(Street Address) (City) (Zip)

Phone# _____Date of Birth_____Place of Birth_____

Secular School _____Secular Grade, as of Sept. 2022_____

Family E-mail Address _____Religious School Grade, as of Sept. 2022_____

Will your child become a Bar/Bat Mitzvah? ____Yes ____No ____Maybe
Please indicate expected Bar/Bat Mitzvah date _____

PARENT INFORMATION

_____	_____
Name of Parent	Name of Parent
☐ Jewish	☐ Jewish
☐ Non-Jewish	☐ Non-Jewish
_____	_____
Occupation	Occupation
_____	_____
Address	Address
_____	_____
Cell #	Cell #
_____	_____
Home Phone#	Home Phone#
_____	_____
Business #	Business #

If parents are divorced or separated, please complete the following:

Custodial Parent's Name, if applicable (please indicate if joint custody):_____
Do you wish all mailings regarding the child to go to both parents? Yes_____ No_____
If yes, please provide name and address of non-resident parent:

_____
Name Home Phone Work Phone

_____
Address City State Zip

UNITED JEWISH CENTER
CONFIDENTIAL
2022 – 2023
THIS FORM MUST BE COMPLETED IN FULL, **FOR EACH CHILD.**

Name of Child _____
(Last) (First) (M.)

Grade _____

Please answer the following questions. Your honesty is crucial; any information you can give us regarding your child will help us to understand how he/she learns best. Although we see your child for only a few hours a week, we see 100% of him/her when they are here. Your input will help us meet their needs and is confidential. If you would prefer to speak to the Director of Education, Daryl Bain, please feel free to contact her.

Please indicate here if this information may be released to your child's teacher:_____

Please describe any situations that could affect your child's attendance:

_____
_____
_____
_____

Describe any physical or learning problems that might affect the student's performance and/or participation in Religious School:

_____
_____
_____
_____

Please give any additional information about your child that helps our understanding of how to provide the best possible experience for him/her:

_____
_____
_____
_____

Does your child take any medications which may affect his/her behavior at Religious School?
Please comment.

_____
_____

If your child qualifies for special education services within their local school system, please list specific services given, such as directions read, special seating, reading assistance, testing modifications or need of a teacher aide.

_____
_____
_____
_____

What are your goals for your child's Jewish education here at The United Jewish Center?

_____
_____
_____

UNITED JEWISH CENTER
EMERGENCY INFORMATION
This form must be completed in full for each child
MEDICAL AND CONSENT FORM
2022 - 2023

Name of Child _____ **Grade** _____
(Last) (First)

If parents cannot be reached in an emergency, please notify (list two names other than parents):

Name	Relationship	Phone#
Name	Relationship	Phone#
Physician's Name (In case of emergency)		Phone#

Date of last tetanus _____
Allergies _____
Any additional medical information _____

FIELD TRIP RELEASE FORM

I, the parent/guardian of the minor child, _____ (child's name), being _____ (child's age) years of age, hereby give permission for the minor child to attend any field trip sponsored by United Jewish Center Religious School. I hereby do release and hold harmless the United Jewish Center and it's trustees, agents, officers, servants, and employees against loss (including reasonable attorney's fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the minor or by me arising out of or in connection with the minor child's participation in this field trip, except such liability or claim of liability as may result from gross negligence on the part of The United Jewish Center.

If the minor child should suffer an injury or illness during the trip, I authorize the employees of The United Jewish Center to use their discretion to transport or to have the minor child transported to any medical facility and hereby give consent in my absence to have the minor child treated at any medical facility, and I take full responsibility for that action.

_____

Signature of Parent(s) or Guardian **Date**

_____

Signature of Parent(s) or Guardian **Date**

UNITED JEWISH CENTER
PARENT VOLUNTEER OPPORTUNITIES
2022 - 2023

Name of Family _____Grades in Religious School _____
_____

Participation in the religious school is an essential part of your child(ren)'s Jewish education. You can make a real difference in the success of our school.

Name of parent volunteer _____

Phone # and E-mail_____

What months/dates are convenient for you? _____

The Religious School Committee needs more help from parents. Please check (√) below where you will be of help. Feel free to offer help in more than one area. Thank you.

_____ Room Parent- (2 per class needed) calls other parents in the class to arrange for food, assists at special events, etc. (average time: 2 hours per month)

_____ Arts & Crafts- offers creative ideas, suggestions, self, to the students to spark special projects (average time: as available)

_____Teach Hebrew. If so, which level? _____

_____Volunteer Hebrew tutors

_____Teach Religious School. If so, which grade? _____

_____Willing to be a substitute teacher

_____Willing to help in the classroom

_____Willing to help for the holidays

_____Willing to help for Family Education days

_____ Parent Teacher Assistant (assist teachers with special projects)

_____ Bake for Oneg Shabbat or Kiddush

_____Help organize field trips

_____Assist as needed

Your assistance is greatly appreciated!!! Thank you in advance for participating in the education of our youth.

Please send the registration forms to:

The United Jewish Center Religious School
141 Deer Hill Avenue
Danbury, CT 06810

Attn: Daryl Bain
Director of Education