



קהילת בית התקווה

CONGREGATION BETH HATIKVAH

Religious School Registration 2018-2019

Grades K-7

Please complete all information

Family Name: _____

Address: _____

_____ Home Phone# _____

Parent Name/Cell # _____ Parent Name/Cell # _____

Email address that you would like to be contacted at: _____

Student's Name	Birth Date	Grade (Sept. 2018)	Hebrew Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Please check here if your child has special learning needs so that we can set up an appointment before the beginning of school to discuss any special accommodations.

List any allergies and/or medication that your child is taking.

<p>MEDICAL EMERGENCIES If I cannot be reached, I give permission for CBH staff to take my child/ren to the hospital Emergency Room. All necessary treatment may be given by hospital or EMT personnel at that time.</p> <p>Parent's Signature _____ Date _____</p> <p>Doctor's Name and Phone Number _____</p>

I give permission to use my child (ren)'s photographs, while participating at CBH activities, on the CBH website, Facebook, and as part of any publicity releases to the local press.

I give permission to use my child (ren)'s names, while participating in CBH activities, on the CBH website, Facebook, and as part of any publicity releases to the local press.