



# RELIGIOUS SCHOOL REGISTRATION FORM 2019-2020

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

## CHILD 1 INFORMATION

Registering for: K \_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6\_\_\_7\_\_\_ Confirmation: 8\_\_\_9\_\_\_10\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School District: \_\_\_\_\_ Secular School Grade (as of Sept. 2019) \_\_\_\_\_

Name of School: \_\_\_\_\_

Child's Email: \_\_\_\_\_ Child's Phone: ( ) \_\_\_\_\_

### Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: \_\_\_\_\_

Medication, please specify: \_\_\_\_\_

Interests: \_\_\_\_\_

Special concerns: \_\_\_\_\_

Bar/Bat Mitzvah Date (if assigned) \_\_\_/\_\_\_/\_\_\_  
Only applies if your child is in 5th grade or older

## CHILD 2 INFORMATION

Registering for: K \_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6\_\_\_7\_\_\_ Confirmation: 8\_\_\_9\_\_\_10\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School District: \_\_\_\_\_ Secular School Grade (as of Sept. 2019) \_\_\_\_\_

Name of School: \_\_\_\_\_

Child's Email: \_\_\_\_\_ Child's Phone: ( ) \_\_\_\_\_

Emergency Contact Information: *Check here if same as child 1* \_\_\_\_\_

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: \_\_\_\_\_

Medication, please specify: \_\_\_\_\_

Interests: \_\_\_\_\_

Special concerns: \_\_\_\_\_

Bar/Bat Mitzvah Date (if assigned) \_\_\_/\_\_\_/\_\_\_  
Only applies if your child is in 5th grade or older



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## **CHILD 3 INFORMATION**

Registering for: K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_      Confirmation: 8 \_\_\_ 9 \_\_\_ 10 \_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Secular School Grade (as of Sept. 2019)** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Child's Email: \_\_\_\_\_ Child's Phone: ( ) \_\_\_\_\_

### **Emergency Contact Information:**

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Allergies**, please specify: \_\_\_\_\_

**Medication**, please specify: \_\_\_\_\_

Interests: \_\_\_\_\_

Special concerns: \_\_\_\_\_

**Bar/Bat Mitzvah Date (if assigned)** \_\_\_/\_\_\_/\_\_\_  
Only applies if your child is in 5th grade or older.

## **CHILD 4 INFORMATION**

Registering for: K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_      Confirmation: 8 \_\_\_ 9 \_\_\_ 10 \_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Secular School Grade (as of Sept. 2019)** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Child's Email: \_\_\_\_\_ Child's Phone: ( ) \_\_\_\_\_

Emergency Contact Information: *Check here if same as child 1* \_\_\_\_\_

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Allergies**, please specify: \_\_\_\_\_

**Medication**, please specify: \_\_\_\_\_

Interests: \_\_\_\_\_

Special concerns: \_\_\_\_\_

**Bar/Bat Mitzvah Date (if assigned)** \_\_\_/\_\_\_/\_\_\_  
Only applies if your child is in 5th grade or older.