

## REGISTRATION 2019-2020

**Student's Name:** \_\_\_\_\_  
Last First Known As

**Student's Hebrew Name\*:** \_\_\_\_\_

\*If your student does not already have a Hebrew name, and you would like help choosing one, please contact Rabbi Natan rabbi@bethshalomsynagogue.org or 561-866-9941

Gender: M / F    Date of Birth: \_\_\_\_\_    Age: \_\_\_\_\_    Secular grade ('19-'20): \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Zip

**Parent #1:** \_\_\_\_\_  
Name Occupation

\_\_\_\_\_

home phone                      cell phone                      email

**Parent #2:** \_\_\_\_\_  
Name Occupation

\_\_\_\_\_

home phone                      cell phone                      email

If parents do not live together, which is the primary religious school contact?

**Additional contact in case of emergency:** \_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_

home phone                      cell phone

### INDIVIDUALS WITH PERMISSION FOR STUDENT PICK UP

Individuals permitted to pick up  
my child from religious school  
name / relationship to student

Individuals **NOT** permitted to pick up  
my child from religious school  
name / relationship to student

I will give written permission if my child is to be picked up by anyone other than those designated above. \_\_\_\_\_  
Parent's signature Date

## MEDICAL INFORMATION

Please attach a copy of your child's **IMMUNIZATION RECORDS** with this application.

Please list any known **ALLERGIES** (food, medicine, insects or other), how the allergy is manifested and whether an EPI-PEN is required.

I give permission to have my child's photograph and allergy to be posted on the CLASSROOM ALLERGY LIST.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Is there any **ADDITIONAL INFORMATION** that we should know about your child that would aid us in optimizing his/her Jewish Journeys educational experience?

## PERMISSION TO PHOTOGRAPH & VIDEO

Jewish Journeys will be so much fun that we may sometimes film or photograph our activities. We want to respect your wishes, so please let us know if we have your permission to share images of your child.

I give permission for my child, \_\_\_\_\_, to appear in film or photographs as part of the Beth Shalom Synagogue Jewish Journeys program. I understand that such images may be used in the Beth Shalom Synagogue bulletin, on the Beth Shalom Synagogue website and social media sites or in local media.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

## FIRST AID and EMERGENCY PERMISSION

I give Beth Shalom Synagogue Religious School staff permission to administer **FIRST AID** (bandaids, ice pack, etc) to my child, \_\_\_\_\_.

In case of an **EMERGENCY**, the school staff promptly contacts parents. I hereby give permission to the school staff to call 911 and/or transport my child, \_\_\_\_\_, to the nearest emergency room if they deem it necessary or if they are unable to reach me or my designated emergency contact.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date