

# Congregation Merkaz Ha-Iyr Religious School Registration Form

**PLEASE COMPLETE BOTH FRONT AND BACK OF THIS FORM.**

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Grade : \_\_\_\_\_

Hebrew Name (if he/she has one): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_ Name of School: \_\_\_\_\_

Parent/Guardian 1  
Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2  
Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 3  
Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both \_\_\_\_\_ Other Living Situation \_\_\_\_\_

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH EITHER PARENT/GUARDIAN WE MAY CONTACT:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

IN CASE OF A TRUE MEDICAL EMERGENCY, PLEASE CONTACT:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of medical or surgical emergency, I hereby give permission to the physician selected by a representative of Merkaz Ha-Iyr, to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for the applicant named. All attempts will be made to contact parent beforehand.

I certify that (name of child) \_\_\_\_\_ is physically able to participate in all activities that are in conjunction with Congregation Merkaz Ha'Iy. I hereby release Congregation Merkaz Ha-Iyr and allied organizations, their agents and employees from any and all liabilities activity.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Please clearly print name of parent/guardian signing this form \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any health issues of which we need to be aware? No \_\_\_ Yes \_\_\_ If yes, please describe \_\_\_\_\_

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Does your child take any medication of which we need to be aware? No \_\_\_ Yes \_\_\_ If yes, please list \_\_\_\_\_

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Does your child have any allergies of which we need to be aware? No \_\_\_ Yes \_\_\_ If yes, please list \_\_\_\_\_

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**GENERAL LEARNING PROFILE**

Does your child have any learning issues that we need to address in the Religious School? No \_\_\_ Yes \_\_\_  
If yes, please describe.

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Does your child receive any special education services at their public/private school? No \_\_\_ Yes \_\_\_  
If yes, please provide us the name of the service provider or contact person, as soon as possible, so that we may discuss your child's learning strategy.  
Please inform this person that we have your permission to discuss your child's needs. Also if yes, please describe the services your child receives.

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Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experienced in the past year, etc.)?

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