



**Congregation Shaarey Zedek Religious School  
REGISTRATION FORM**

For Academic Year 2019-2020 / 5780

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date (if known): \_\_\_\_\_

Secular School Grade as of September 2019 \_\_\_\_\_ Religious School Grade as of September 2019 \_\_\_\_\_

Secular School Name: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

**Parent 1 Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Address (if different than Student's): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Address (if different than Student's): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please specify any family arrangements that might affect your child's attendance or performance: \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR RELEASE OF PHOTOGRAPHS, PRINT MATERIALS AND ELECTRONIC MEDIA**

I hereby grant permission for my child or family to be photographed, recorded, videotaped or interviewed by Congregation Shaarey Zedek or any of its authorized agents. I hereby consent to the publication or broadcasting of said material on a website or any other medium and any other use of said material for any educational or promotional purpose as Congregation Shaarey Zedek, and those acting pursuant to its authority, deem appropriate. In addition, intending to be legally bound, I, for myself, my heirs, executors and administrators, release Congregation Shaarey Zedek and any parties acting on its behalf and with its approval, from liability for use of my child's or family's images or words.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please continue on the reverse side. Thank you.*

**EMERGENCY AND MEDICAL INFORMATION**

*For emergencies, please indicate a contact other than parent/guardian listed above:*

**Emergency Contact #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurer: \_\_\_\_\_ Policy No: \_\_\_\_\_ Plan: \_\_\_\_\_

Does your child have any illnesses or chronic conditions of which school personnel need to be aware (i.e., asthma, dietary restrictions, allergies, ADD/ADHD, hearing, vision, speech) or is your child taking any medications of which school personnel need to be aware? If yes, please list below:

\_\_\_\_\_

Congregation Shaarey Zedek cannot be responsible for administering any medications to any student. Please administer your child's medications at home, before your child comes to school. Please do not send medications with your child to school.

*In case of injury or illness while your child is at school, every effort will be made to contact the Parent/Guardian or designated emergency contacts. The following instructions will remain in force for the current academic year unless revoked in writing by the Parent/Guardian:*

**I give permission to the staff at Congregation Shaarey Zedek to administer first aid to my child when (s)he is in attendance during Religious School or Religious School events. In case of a medical emergency, I authorize the staff at Congregation Shaarey Zedek to obtain emergency medical and/or emergency surgical treatment for my child.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EDUCATIONAL INFORMATION**

At Congregation Shaarey Zedek, we strive to establish an environment in which all types of learners may thrive. Information you provide about your child's learning strengths and challenges will assist in our efforts to accommodate and provide for those needs. Kindly CIRCLE below any that apply:

- |  |                                 |
|--|---------------------------------|
| My child has an IEP or GIEP  | My child is academically gifted |
| I will make a copy of my child's IEP/GIEP available to the Director of Youth and Family Learning | Has difficulty hearing          |
| Reads below grade level  | Over-active                     |
| Difficulty with visual perception  | Short attention span            |
| Difficulty understanding written instructions  | Easily upset                    |
| Difficulty understanding spoken instructions   | Dyslexia                        |
|  | Other: _____                    |

All information will be held in confidence, shared only as reasonably necessary to provide a quality educational experience for your child. If you would prefer to discuss any of the above personally with Ari Reis, Director of Youth and Family Learning, please call the Religious School Office at 248.357.5544.

Congregation Shaarey Zedek enrolls in its Religious School only children who are Jewish as identified by the Conservative Movement. A child is considered Jewish if his/her mother is Jewish or if the child converted to Judaism under rabbinic supervision. If your child does not meet these criteria, please contact Rabbi Aaron Starr for further information so that we may welcome your child into our School.

I hereby attest that my child is Jewish according to the Conservative Movement's definition of a Jew (see above).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_