



CONGREGATION
SHAAREYZEDEK
RELIGIOUS SCHOOL

REGISTRATION FORM

For Academic Year 2020-2021 / 5781
PLEASE FILL OUT ONE PACKET PER CHILD

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 2020: _____

Religious School Grade as of September 2020: _____

Secular School Name: _____

PARENT / GUARDIAN INFORMATION

Parent 1 Name: _____

Relationship to Student: _____

Address (if different than Student's): _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail Address: _____



Parent 2 Name: _____

Relationship to Student: _____

Address (if different than Student's): _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail 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: _____



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.

All Religious School students are required to be up-to-date on their vaccinations.

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 check below any that apply:

My child:

- is academically gifted
- has an IEP or GIEP
(I will make a copy of my child's IEP/GIEP available to the Director of Youth and Family Learning)
- has difficulty hearing
- is over-active
- reads below grade level
- has a short attention span
- has difficulty with visual perception
- is easily upset
- has difficulty understanding written instructions
- has difficulty understanding spoken instructions
- has 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 Ari Reis 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.

Parent/Guardian Signature: _____ Date: _____