

Last Name, First Initial: \_\_\_\_\_

**BETHESDA JEWISH CONGREGATION RELIGIOUS SCHOOL**

**STUDENT REGISTRATION FORM  
ACADEMIC YEAR 5771/2010-2011**

*Please complete all areas of the form, front and back, except areas marked Office Use Only. **Please PRINT***

**New Students Only:**  
Please  
Attach  
Passport or  
Wallet Size  
Photograph  
Here

**(check one)  Returning student  New Student**

**Student Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Home Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

5771 (2010-2011) Religious School Grade \_\_\_\_\_ Secular School Grade \_\_\_\_\_

Name of Secular School \_\_\_\_\_

**Parent 1** \_\_\_\_\_ Custodial Parent Y N

Home Address \_\_\_\_\_ (If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Primary E-mail for Religious School Matters \_\_\_\_\_

**Parent 2** \_\_\_\_\_ Custodial Parent Y N

Home Address \_\_\_\_\_ (If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Primary E-mail for Religious School Matters \_\_\_\_\_

**Alternate/Emergency Contact for Saturdays during Religious School**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Alternate/Emergency Contact for Wednesdays during Religious School:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Action Permissions:**

1. The school has my permission to call my family physician in an emergency in which I cannot be contacted, and my physician may render treatment necessary for the well-being of my child.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergic to medication (specify type) \_\_\_\_\_

Other allergies, medical or other conditions of which the school and teachers should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The school has my permission in an emergency in which I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier and ID# \_\_\_\_\_

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Notes:

***FOR OFFICE USE ONLY***

ITEM	RECEIVED	ITEM	RECEIVED
Enrollment			
Confidential Form			
Volunteer Form			