

Last Name, First Initial: _____

BETHESDA JEWISH CONGREGATION RELIGIOUS SCHOOL

**STUDENT REGISTRATION FORM
ACADEMIC YEAR 5772/2011-2012**

*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) _____

5772 (2011-2012) Religious School Grade ____ Secular School Grade (as of 2011- 2012) _____

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# _____

Notes:

FOR OFFICE USE ONLY

| ITEM | RECEIVED | ITEM | RECEIVED |
|-------------------|-----------------|-------------|-----------------|
| Enrollment | | | |
| Confidential Form | | | |
| Volunteer Form | | | |
| | | | |