

**BETH JACOB HEBREW SCHOOL REGISTRATION
2017-2018**

Child #1:

English Name: _____
Hebrew Name: _____
Birth Date: _____
School: _____ Grade: _____

Child #2:

English Name: _____
Hebrew Name: _____
Birth Date: _____
School: _____ Grade: _____

Child #3:

English Name: _____
Hebrew Name: _____
Birth Date: _____
School: _____ Grade: _____

Parent / Guardian 1

Name: _____
Phone: Home# _____ Cell# _____
Address: _____
Email: _____
Are you a member at Beth Jacob Synagogue? Y N

Parent / Guardian 2

Name: _____
Phone: Home# _____ Cell# _____
Address: _____
Email: _____
Are you a member at Beth Jacob Synagogue? Y N

Emergency Contact (Other than Parent/Guardian)

Name: _____

Relationship: _____

Phone: Home# _____ Cell# _____

NOTE: Children will not be released for pick up to anyone other than their own parent unless Rina has been notified beforehand!

Other Siblings not enrolled in Hebrew School:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Hobbies/Talents:

singing, dancing, drama, sports, arts and crafts, instruments played... :

Release Form

In case of accident or sickness when I (we) cannot be reached, I (we) hereby authorize Beth Jacob to seek any physician, dentist, or hospital to provide emergency treatment for my (our) child(ren) as may be deemed necessary under the circumstances, as though I (we) had personally given my (our) approval for same.

Parent or Legal Guardian Signature: _____

I give permission for my child to be photographed or videographed for use in Beth Jacob Synagogue updates, newsletters & bulletins and in the Hamilton Jewish News without names being used.

Parent or Legal Guardian Signature: _____

Health Information

Please describe any Allergies, Health Conditions or Concerns:

Credit Card Payment information:

Name on Card: _____

Number on Card: _____

Expiry Date: _____

CVV: _____

Parent Feedback:

Are there any ways that you, as a parent, would like to participate in our Hebrew School? (e.g. help out with classes, volunteer during special programming, serve as a guest speaker or run a special project, serve on the Education Committee?)

Is there anything you would do/do not want to see as part of our Hebrew School program?

To returning families: Is there anything you or your children would like to see more of or less of in the school program?
